



## Confidential Form (CF)

### 1. Confidentiality

Usually specific details of the Client's therapy will be confidential. The Client may choose to share information about the sessions but Sensory Space will not share any details. Sensory Space do not share information with any other person or agency without agreement from the Client, except when it is required by a court of law or a local authority, or if we believe that the client is at risk. We will agree a Circle of Confidentiality so that Sensory Space knows who else can receive information about Client's therapy and how the information will be passed on. Our child and client's protection policy will be followed at all times.

### 2. Reviews

We will meet to review the Client's progress and discuss how best to meet their needs. At Sensory Space, the therapist will not tell you the details of the Client's therapy but they will share the themes and patterns with you where applicable so that you can best care for the Client's needs at home. A review about the Client's therapy is also a time for you to bring any concerns you have about yourself, your child (where applicable) and the therapy. You are welcome to bring a friend or relative with you to reviews, however Sensory Space should be informed prior to the review.

### 3. Professionals' meetings

Your child and your family may be receiving support from other professionals too such as Social Care, School pastoral manager, or an Adoption Agency. Sensory Space will try to attend any professionals' meetings that are planned and to give a verbal or written report. Usually, we will have already agreed in the Circle Of Confidentiality who the other professionals are.

### 4. Notes and reports

At Sensory Space, Therapists keep notes about Clients for a supervision. At the end of the Client's therapy, Therapists will write a short summary report (if required). Sometimes other services or agencies such as social services, CAMHS or your doctor may request a report. We will always inform you about this and gain your permission before sending a report to anyone outside the agreed Circle of Confidentiality. We will not share notes or reports without your consent unless required to by law.

### 5. Clinical supervision

At Sensory Space all our Therapists, are required to receive regular clinical supervision so that they can discuss and reflect on cases. This is to maintain good practice & safeguarding.

### 6. Complaints

If the Client is not happy with the service, we will invite the Client to discuss the issues with our Supervisor or Manager in Sensory Space.

### 7. Absences

It is important that the Client's therapy takes place every week. Please contact Sensory Space by email / text / phone if the Client is unable to attend a session. We will try to reschedule the session within the agreed timeframe with our Therapist. We will give 24 hours notice if we need to reschedule the session.

### 8. Referrals

Sensory Space may need to refer the Client for further assessment or a different type of therapy with someone else. We will discuss the reasons for this with the Client.

### 9 . Fees Policy

Fees are made directly to Sensory Space and are subject to payment terms and conditions.



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### 10. Timekeeping

Client's Therapy sessions will be booked a week in advance and will take place in Sensory Space in Drogheda. Please arrive on time for your appointment as scheduled. The Client will arrive 5 minutes before the therapy. If the client is under the age of 18, the person picking up the client must be present at Sensory Space 5 minutes prior to the close of the session. In an event of late attendance, unfortunately session time cannot be made up.

### 11. No-Show and Cancellation Policy

Please make every effort to attend all appointments.  
 For cancellations more than 48 hours there is no cancellation fee.  
 For cancellations more than 24 hours there is a fee of 50 Eur.  
 For no-shows and cancellations less than 24 hours the fee is full price of the therapy.

I, \_\_\_\_\_, understand and agree with Sensory Space no-show and cancellation policy.

Parent/Guardian (1) Printed Name

Signature

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian (2) Printed Name

Signature

Date \_\_\_\_\_