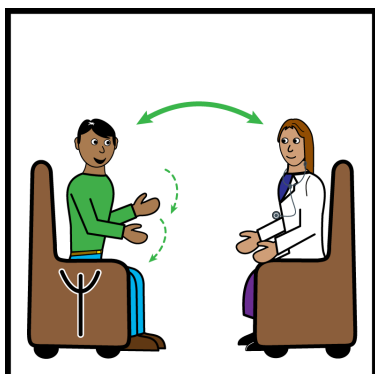
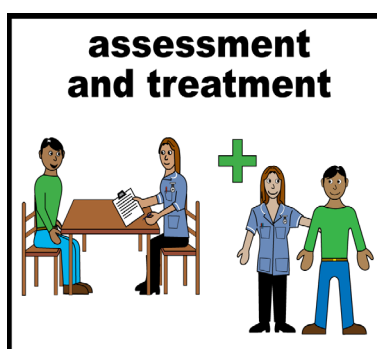


Last Name				First Name		
Date		Date of Birth		Unit / Ward		

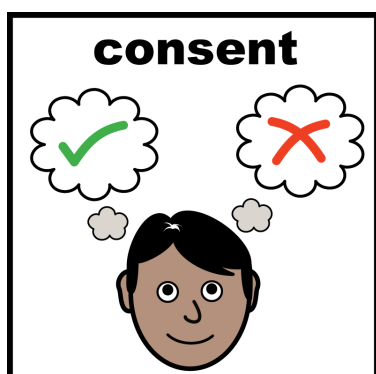
## Consent to Individual Psychological Assessment and Treatment Sessions



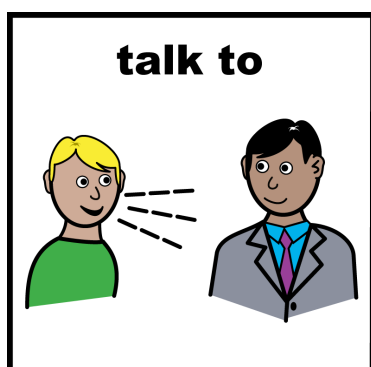
I understand that individual psychological sessions are part of my treatment at the St Aubyn Centre/Poplar.



I understand individual psychological sessions are designed around my individual needs.



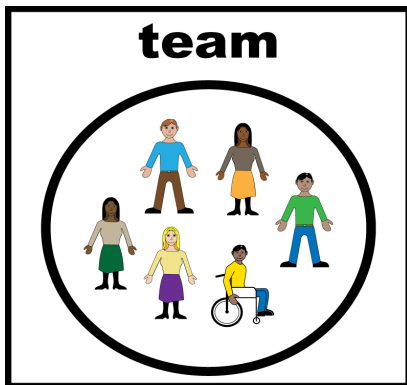
I consent to engage in individual psychological sessions.



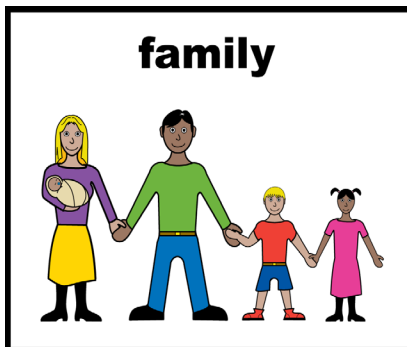
I know that I can change my mind about having individual psychological sessions and will speak to my individual therapist if this happens.



I understand that what I talk about in sessions will be recorded in my clinical notes.



I understand that some of the information from my sessions can be shared with other professionals. This might include images made in art therapy sessions.



I understand that what I talk about in sessions will not be shared with my family unless I agree to this.



I understand that risk and safeguarding issues can be shared even if I don't want this.

Signed.....

Date.....