



TEDDY BEAR CLINIC

FOR ABUSED CHILDREN

CONSENT FOR THERAPY

The Teddy Bear Clinic for Abused Children is a medico legal clinic and conducts assessments in cases and provides therapy to children who are believed to be victims of abuse and neglect. This Clinic acts to preserve and promote the best interests of the child and will remain objective and not align itself to any party.

1. I, _____ (full name) with Identity Number (passport / permit number) _____ acknowledge and understand that in signing this form I am agreeing to _____ (“the child”) attending therapy at the Teddy Bear Clinic for Abused Children (“TTBC”) and the terms and conditions below.
2. I understand that I/the child will be required to provide detailed information in response to questions raised by the employees and/or representatives of the TTBC. I hereby undertake to provide only information given by me which could assist the therapeutic process.
3. I acknowledge that certain information relating to me and/or the child is by law required to be disclosed by the TTBC to the Director General of the Department of Health and Social Development, for the purposes of maintaining the National Child Protection Register in terms of Chapter 7 of the Children’s Act 38 of 2005 and I give consent in this regard.
4. I acknowledge and agree that certain information relating to me and/or the child is by law required to be disclosed by the TTBC to the SAPS, Court and prosecutors, as the case may be.
5. I acknowledge, understand and agree that the information collected may be used for research purposes in order to further the TTBC’s knowledge about abuse. Nowhere will any personal details of mine, or the child’s be revealed publicly or in research.
6. I hereby consent to an assessment/therapeutic intervention/support of my child and to the recording and release of the findings for legal purposes irrespective of the outcome of the findings. Should the findings not meet my needs I cannot hold the TTBC legally liable.
7. Furthermore, I provide permission to the TTBC to gather information from other professionals and caregivers as well as to share confidential information with other professionals where it is in the best interest of the child.
8. I acknowledge, understand and agree that if a custody matter or any matter involving parental rights and responsibilities is pending I will arrange and attend mediation and pending the report from the mediator a forensic assessment may be completed by the TTBC.
9. I do understand that therapy is a process and there is no set number of sessions but this will be at the discretion of the TTBC and the professional rendering professional services. I will not ask questions nor will I discuss any information in the presence of the child.
10. I acknowledge, understand and agree that I have no claim or right or legitimate expectation to access or to be privy to any of the TTBC’s process notes, accounts of the sessions or any recordal of that which has been disclosed by the child or discussed with the child.

11. I acknowledge, understand and agree that the evaluator is a representative of the TTBC and therefore no legal action or complaints to regulatory bodies will be directed to him/her in their personal capacity.
12. I agree that I will switch off my cell phone during therapy sessions. I further agree not to record any of the sessions in any way or manner.
13. I hereby state that obtaining therapy for the child is in no way an attempt to gain advantage in any matter regarding custody, visitation or divorce proceedings. Should it be discovered by the TTBC at any stage that the purpose of such consultation and report is for such purposes the TTBC has the right to refuse to furnish a report.
14. I acknowledge and understand that the TTBC provides a free service aimed at assisting children who have been victims of abuse, as such I understand and agree that I cannot utilize this service if I have been to other practitioners, NGOS or clinics for the same purpose as I would be further victimising the child.
15. I have read and agree to the Code of Confidentiality and shall do nothing which will affect the child's right to confidentiality.

Signature: _____ Date: _____

Name of Witness: _____

Signature: _____ Date: _____

Who referred you to the Teddy bear Clinic? _____

Is there a legal matter pending? Y/N

If Yes, in what court? _____

Have all parties to the above been informed of this process as part of the legal process? Y/N

If not, who has not been informed?

(full name and relationship to the child)

Why has such person not been informed? _____

PLEASE NOTE: CASES OF CONCERN MAY BE REGISTERED WITH THE DEPARTMENT OF SOCIAL DEVELOPMENT IN ACCORDANCE WITH THE CHILDREN'S ACT.