

CONSENT TO TREAT FORM - Adult

1. I understand that I am about to begin individual psychotherapy with a creative arts therapist. I have been informed about their educational background, training, and degree.
2. I have been informed about the type of role-playing that will be primarily used in my psychotherapy, called dramatherapy and understand that it involves spontaneous, improvisational role-playing between myself and the therapist. I understand that I am free to do what I feel comfortable with, and that I will inform my therapist if any of the role-playing becomes uncomfortable to me. I understand that the role-playing may involve physical movement, and may at times involve physical contact between myself and the therapist. However, I understand that the therapist will not intentionally engage in any sexually provocative, stimulating or suggestive behaviour and that if I ever feel that such is the case, that I have been encouraged to mention it immediately to the therapist so that my concerns can be addressed.
3. I understand that the therapist will conduct herself according to the ethical principles of the Irish Association of creative Arts Therapists (IACAT) and will not socialise with me or engage in any intimacies outside of the psychotherapy session. I am aware that if any such concerns arise, that I can contact IACAT, to discuss them confidentially with their complaints committee email: complaints@iacat.ie The ethical principles of the Irish Association of creative Arts Therapists can be viewed here www.iacat.ie/code-of-ethics
4. I understand that all material from my sessions will be kept completely confidential and in line with child safeguarding principles and GDPR data protection. These policies can be viewed here www.mdaggetherapy.ie. No material from my psychotherapy will be presented to others – apart from my supervisor - informally or formally at conferences or in courses, without prior written consent from myself.
5. Should a child safeguarding issue arise, for example, a disclosure of harm that **has** happened, **is** happening, **at risk** of happening or **historical** the therapist as a mandated person is legally obligated to make a report to Tusla.
6. I have read the above, agree with its contents, and without coercion provide my signature below. I also understand I can contact Maggie on 087 4137608 or maggie@mdaggetherapy.ie if the need arises.

Clients Name (Print) _____

Clients Signature _____

Maggie Dagge - Therapist _____

Date _____