



## SELF REPORT AND PRIVACY

Please read the following Policy of the STOP Trust (Adolescent Programme) regarding Self Report and Privacy. If you have any questions regarding any of these matters please ask a member of the STOP staff.

### 1 Medication and Medical Condition

I will inform STOP staff of any medical conditions for which I am receiving treatment and any medications I am taking.

### 2 Honesty

I agree to be open and honest during all assessment and treatment sessions. I understand that I will be expected to be honest about details of my past sexual abusing as well as other personal information that my therapist may ask me. I also agree to report to STOP therapists any abusive behaviour I may do while in the STOP Adolescent Programme. I understand that the purpose of being asked this information is to help me to stop sexually abusing other persons.

If I am not open and honest about this information, I may not be accepted onto the treatment programme or may be discharged from the treatment programme.

**In such a situation your social worker, referral agent, Youth Justice Co-Ordinator or probation officer will be advised and this may result in court action.**

### 3 Safety

A staff member has fully explained to me the STOP Trust (Adolescent Programme) policy on keeping private, information I talk about during assessment and treatment sessions. Generally privacy is maintained, however with some exceptions that relate to safety of myself and others. I accept that STOP staff will take seriously any threat or concern about my own personal safety or the safety of others. I understand that anything I tell a STOP staff member that has to do with **a serious concern of current or intended harm or sexual abuse to others or myself will not necessarily be kept private**. STOP staff will first talk to me about these concerns. However I accept that this information may be reported to my parents, police, N.Z. Children and Young Persons and Their Families Service or Psychiatric Emergency Service possibly against my wishes to protect my own personal safety or the safety of others.

I understand that the purpose of this policy is to ensure community safety and to hold me responsible for my behaviour.

#### 4 Disclosure of Past Sexual Abusing

##### **Under 14 years**

I agree that any disclosures of **sexual abusing behaviour that I have committed in the past** will be acted upon by STOP staff. Such actions will involve the informing of parents of the child victims of any such sexual abuse either directly or through the New Zealand Children, Young Persons and their Families Service

##### **Over 14 years**

I agree that any disclosures of **sexual abusing behaviour that I have committed in the past** will be acted upon by STOP staff. Such actions will involve the informing of parents of the child victims of any such sexual abuse either directly or through the New Zealand Children, Young Persons and their Families Service.

<p><b>This may result in charges being laid by the Police. If the sexual abusing behaviour involves sexual penetration and you are convicted of sexual violation offences, this may result in a prison sentence.</b></p>
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#### 5 Collection Of Information And Right Of Access

I agree to sign any releases of information needed by STOP staff to get my records from another agency.

I understand that information may be shared with other professionals both within the STOP Team and with other agencies where it is considered to be relevant to helping with my treatment.

Existing information held by the STOP Trust as a result of earlier consultations may also be used to help with my treatment.

I agree that reports regarding my assessment and treatment will be provided to the referring person (eg, Youth Justice Coordinator, Social Worker, Probation Officer) or any other agency responsible for community safety. I understand that STOP staff will give their professional opinion in these reports about my risk of committing sexual abuse in the future and my potential threat to community safety. I also understand that any such reports will be discussed with myself and my parents prior to being sent.

Information that is provided by myself or others about my sexual abusing behaviour and personal information will be securely held at the offices of the STOP Trust and only authorised persons will have access to such information. I have the right to request access to information about myself and to request the information be corrected if I believe it to be incorrect.

Information gathered during assessment and treatment may be used for research purposes. Where the information is used for unidentifiable statistical data collection and research purposes no further consent will be obtained. However, where the research may involve direct contact with current or former clients then informed consent will be obtained for any such research projects.

Information recorded in your personal file may be reviewed by professionals undertaking audits of the STOP Trust. Any professional involved in such an audit will be bound by confidentiality arrangements.

**6 Privacy In Process Group**

Clients being assessed for the Changing Directions Programme may also have a period in the process group as part of their assessment. For these clients the following section is relevant.

- I agree not to talk with any persons outside of the group details about anybody else in the group or any information, which will identify another group member. I understand that breaking this rule may lead STOP Programme staff to believe that I do not take the programme seriously.
- I am however able to discuss my own progress in the programme with my parents and support people.
- I will actively take part and talk in group sessions to the satisfaction of STOP Programme staff and other group members. I understand that participation includes talking honestly about myself and my behaviour, confronting others, encouraging and supporting others, bringing up important individual and group issues, and engaging in general group discussion.
- I will respect what other group member’s say and will not put anyone else down.
- I will never use the last names of persons that I have sexually abused or anyone related to these persons during any group discussions and I understand that persons that I have sexually abused are entitled to keep their names private. I understand that this rule may not apply to such persons who are my brothers or sisters.
- I will not verbally or physically threaten any STOP staff members or other participant in the STOP Programme whether inside or outside of a counselling session. I will not swear at or make inappropriate sexual remarks to STOP staff or other participants in the programme.
- I will respect the building and property and will come directly to the group room when arriving and leave the building immediately after finishing the group.

***Signed (as having read this document):***

_____ Signature of Parent/Guardian	_____ Signature of STOP Clinician	_____ Signature of Client
_____ Date	_____ Date	_____ Date