

SELF REPORT AND PRIVACY

Please read the following Self Report and Privacy Policy of the STOP Adolescent Programme. If you have any questions regarding any of these matters please ask your STOP Clinician.

1. Medication and Medical Condition

I will inform my STOP clinician 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 sessions. I understand that I will be expected to be honest about details of past harmful sexual behaviour as well as other personal information that my Clinician may ask me. I also agree to report to my STOP Clinician any abusive behaviour I may do while in the STOP Programme. I understand that the purpose of being asked this information is to help me to stop harming others sexually.

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

3.1 I understand that information that I talk about during assessment sessions will generally be kept private however there are some exceptions to this.

3.2 I agree that reports regarding my assessment will be provided to the referring person (e.g., 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 engaging in harmful sexual behaviour 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 or guardians prior to being sent.

3.3 I agree that information may be shared between the STOP Programmes. This includes the STOP Children's Programme, STOP Girls Programme, STOP Adolescent Programme and STOP Adult Programme.

3.4 I understand that existing information held by the STOP Programmes as a result of earlier consultations may be used to help with my assessment.

3.5 I understand that Information cannot be shared with any other person or organisation without my written consent and the written consent of my parent or guardian.

3.6 **Safety:** 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. Child, Youth and Family 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 Harmful Sexual Behaviour

Under 12 years

I agree that any disclosures of **harmful sexual 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 through a Report of Concern to the New Zealand Child, Youth and Family Service (CYF). The purpose of this policy is to ensure that those who have been hurt by my behaviour can receive the support and help they require.

Over 12 years

I agree that any disclosures of **harmful sexual 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 through a Report of Concern to the New Zealand Child, Youth and Family Service (CYF). The purpose of this policy is to ensure that those who have been hurt by my behaviour can receive the support and help they require.

This may result in charges being laid by the Police. If the harmful sexual behaviour involves you being charged with a serious sexual offence, this may result in a prison sentence.

5. Collection of Information and Right of Access

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

5.2 Information that is provided by myself or others about my harmful sexual behaviour and personal information will be securely held at the offices of the STOP Programmes 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.

5.3 Information gathered during assessment 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.

5.4 I understand that Information recorded in my personal file may be reviewed by professionals undertaking audits of the STOP Programmes. Any professional involved in such an audit will be bound by confidentiality arrangements.

6. Privacy of Other Clients

During assessment at STOP, I understand that I may meet other clients and their families through my involvement in groups or while waiting for appointments

6.1 I agree not to talk with any persons outside of STOP about any other client or family member or give any information which may identify another STOP client. I understand that breaking this rule may lead STOP staff to believe that I do not take the programme seriously.

6.2 I am however able to discuss my own progress in the programme with my parents and support people.

If I am involved in an Education Group or Therapy Group during assessment at STOP, I will:

6.3 Respect what other group members say and will not put anyone else down.

6.4 I will never use the last names of persons that I have harmed sexually or anyone related to these persons during any group discussions and I understand that persons that I have harmed sexually are entitled to keep their names private. I understand that this rule may not apply to such persons who are my brothers or sisters.

6.5 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.

6.6 I will respect the STOP building and property.

Signed (as having read and agreed to the content of this document):

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