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Consent for Treatment of Minor

The information contained in this agreement is in addition to the information contained in the Client-Therapist Agreement, a copy of which has been provided. In order for me to provide services to your child, both forms must be read and signed by both parents, unless one parent has sole legal custody. A copy of any custody agreement must be provided as well before any services can be provided.

The involvement of children and adolescents in therapy can be highly beneficial to their overall development. Very often, it is best to see them with parents and other family members; sometimes, they are best seen alone. I will assess which might be best for your child and make recommendations to you. Obviously, the support of all the child's caregivers is essential.

Because my role is that of the child's helper, I will not become involved in legal disputes or other official proceedings unless compelled to do so by a court of law. Matters involving custody and mediation are best handled by another professional who is specially trained in those areas rather than by the child's therapist.

Therapy is most effective when a trusting relationship exists between the therapist and client. Privacy is especially important in securing and maintaining that trust. The issue of confidentiality is critical in treating children. When children are seen with adults, what is discussed is known to those present and should be kept confidential except by mutual agreement. Children seen in individual sessions (except under certain conditions) are not legally entitled to confidentiality (also called privilege); their parents have this right. However, unless children feel they have some privacy in speaking with a therapist, the benefits of therapy are potentially lost. The content of your child's sessions must be confidential in order to enable your child to confide in his/her therapist, and for therapy to be effective. This is especially true for adolescents. Therefore, it is necessary to work out an arrangement in which children feel that their privacy is being respected, at the same time that parents have access to certain critical information. This Consent for Treatment of Minor agreement must have the understanding and signed approval of the parents or other responsible adults and of the child in therapy, and is written verification of this agreed upon arrangement.

If your child is an adolescent, it is likely that he/she will reveal sensitive and personal information, and possibly information regarding sexual contact, alcohol and drug use, or other potentially problematic behaviors. Sometimes these behaviors are within the range of normal adolescent experimentation, but at other times they may require parental intervention. Unless your child is at serious risk of harming him/herself or another, I will not share with you what your child has disclosed to me without your child's consent.

This agreement regarding treatment of minors has provisions for inserting individual details on page five, which can be supplied by both the child and the adults involved. However, it is first important to point out the exceptions to this general agreement. The following circumstances override the general policy that children are entitled to privacy while parents or guardians have a legal right to information:

- Confidentiality and privilege are limited in cases involving child abuse, neglect, molestation, or danger to self or others. In these cases, I am legally required to make an official report to the appropriate agency and will attempt to involve parents as much as possible. If I believe your child is at serious risk of harming him/herself or another, I will inform you immediately.
- If either parent decided that therapy should end, then the therapy must stop. I ask that you inform me ahead of time that you are considering stopping therapy, and allow me the option of having a closing session(s) to appropriately end the treatment relationship.
- Minors may independently enter into therapy and claim the privilege of confidentiality in cases involving abuse or severe neglect, molestation, pregnancy, or communicable diseases, and when they are on active military duty, married, or officially emancipated. They may seek therapy independently for substance abuse, danger to self or others, or a mental disorder, but parents must be involved unless doing so would harm the child.
- Any evaluation, treatment, or reports ordered by, or done for submission to a third party such as a court or a school will be shared with that agency with your specific written permission. Please note that I do not have control over information once it is released to a third party such as your insurance company.
- My role is limited to providing treatment, and I will not be involved in any legal dispute between you as parents. You agree you will not involve me in any legal dispute between you, including a dispute concerning custody or custody arrangements.
- You understand that I am treating only your child, and not you. Our communication is auxiliary to your child's treatment and for the sole purpose of assisting in your child's therapy. Our communication, therefore, is not confidential. I will be happy to provide you with psychotherapy referrals for yourself if you wish.
- I adhere to the following policies in treating children of separated or divorced parents who share legal custody:
 1. Both parent must consent to treatment, ideally before the first session with the child.
 2. Both parents will be asked to provide information, and be involved as needed in their child's treatment, unless there is compelling reason to not (i.e. when contact is limited by a court).
 3. I will not communicate with attorneys for either parent or guardian.
 4. Any information provided by one parent may be shared with the other parent.
 5. I will not provide custody or visitation recommendations to the court, mediator, and/or psychologist conducting a family psychological evaluation. If the child has a court representative (attorney or advocate) or if requested by both parents or ordered by the court, I may discuss observations about the child with these parties.

I, (name) _____ (relationship to child) _____
print

I, (name) _____ (relationship to child) _____
print

agree that my/our child
(name) _____
print

should have privacy in his/her/their therapy sessions, and I agree to allow this privacy except in extreme situations, which I will discuss with the therapist prior to the commencement of treatment. At the same time, except under unusual circumstances, I understand that I have a legal right to obtain this information. To increase the effectiveness of the therapy, I agree to the following:

I agree to waive my right to access to my child's treatment record. I will do my best to ensure that therapy sessions are attended. I will not inquire about the content of my child's therapy sessions. If my child prefers not to volunteer information about the sessions, I will respect his/her/their right not to disclose details. Basically, unless my child has abused or is a clear danger to self or others, the therapist will normally tell me only the following:

- whether sessions are attended
- whether or not my child is/children are generally participating
- whether or not progress is generally being made

The normal procedure for discussing issues that are in my child's therapy will be joint sessions including my child, the therapist, and me and perhaps other appropriate adults. If I believe there is significant health or safety issues that I need to know about, I will contact the therapist and attempt to arrange a session with my child present. Similarly, when the therapist determines that there are significant issues that should be discussed with parents, every effort will be made to schedule a session involving the parents and the child. I understand that if information becomes known to the therapist and has a significant bearing on the child's well-being, the therapist will work with the person providing the information to ensure that both parents are aware of it. In other words, the therapist will not divulge secrets except as mandated by law, but may encourage the individual who has the information to disclose it for therapy to continue effectively.

Parent(s): Please make any additions or modifications as desired: _____

Signature: _____

Date: _____ / _____ / _____

Signature: _____

Date: _____ / _____ / _____

Minor: Please make any additions or modifications as desired: _____

Signature: _____

Date: _____ / _____ / _____

Therapist Signature: _____

Date: _____ / _____ / _____

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