

Informed Consent for Minors

I/We (parent/legal guardian) _____ consent to the treatment of my/our child/teen _____ for psychological services (assessment, treatment, and/or referrals) of a non-medical nature with _____. This consent will remain in effect unless I/we rescind it in writing or my child/teen turns 18 and must legally consent to his/her own treatment. This treatment may be conducted in an individual, conjoint (child/teen and parent), or family therapy sessions as deemed most appropriate by the therapist.

Confidentiality

I understand that I may call to be informed of my child/teen's progress in treatment, and/or to give helpful information to the therapist, and/or to make an appointment to meet with the therapist at any time to review progress. However, I also understand that it is important for my child/teen to trust the therapist in order for therapy to be effective. Privacy is especially important in securing and maintaining that trust. It is often necessary for children to develop a "zone of privacy" whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of autonomy. Thus, I understand that my child/teen's therapist will share general information about progress but will refrain from revealing any specific information shared by my child/teen unless my child/teen consents to it or the therapist feels that my child/teen is at risk. I agree that my child/teen is free to share anything they wish about their therapy sessions with me, but that I will not solicit or put any pressure on my child/teen to share information with me.

I also understand that because the family unit is so important to children and teens, my therapist may include the family in therapy when appropriate and that recommendations may be made to make changes in the family unit in order to support changes in my child/teen.

Parent/Legal Guardian

Date