



## **Therapy Treatment Agreement (Child/Adolescent under 18)**

### **What to Expect**

The purpose of meeting with a counselor or therapist is to get help with problems in your life that are bothering you or that are keeping you from reaching your full potential. When we meet, we will discuss these problems. I will ask questions, listen to you, and suggest a plan for working through these problems. It is important that you feel comfortable talking to me about the issues that are bothering you. Sometimes these issues will include things you don't want your parent(s) or guardian(s) to know about. For most people, knowing that what they say will be kept private helps them feel more comfortable and have more trust in their counselor or therapist. Privacy (also called "confidentiality") is an important and necessary part of good counseling.

*As a general rule, I will keep the information you share with me in our sessions confidential (private), unless I have your written consent to disclose (share) certain information. There are, however, occasional exceptions to this rule that are important for you to understand before you share personal information with me in a therapy session. In some situations, I am required by law or by the guidelines of my profession to disclose information, whether or not I have your permission. I have listed some of these situations below.*

### **Confidentiality Cannot Be Maintained When...**

- You tell me you plan to cause serious harm or death to yourself, and I believe that you have the intent and ability to carry out this threat in the very near future. I must take steps to inform a parent or guardian of what you have told me and how serious I believe this threat to be. I must make sure that you are protected from harming yourself.
- You tell me you plan to cause serious harm or death to someone else who can be identified, and I believe you have the intent and ability to carry out this threat in the very near future. In this situation, I must inform your parent or guardian, and I must inform the person who you intend to harm.
- You are doing things that could cause serious harm to you or someone else, even if you do not *intend* to harm yourself or another person. In these situations, I will need to use my professional judgment to decide whether a parent or guardian should be informed.
- You tell me you are being abused-physically, sexually or emotionally, or that you have been abused in the past. In this situation, I am required by law to report the abuse to the California Department of Social Services (under the conditions of California Penal Code Section 11165.7).

- You are involved in a court case and a request is made for information about your counseling or therapy. If this happens, I will not disclose information without your written agreement *unless* the court requires me to. I will do all I can within the law to protect your confidentiality, and if I am required to disclose information to the court, I will inform you that this is happening.

### **Communicating with your Parent(s) or Guardian(s)**

Except for situations such as those mentioned above, I will not tell your parent or guardian specific things you share with me in our private therapy sessions. This includes activities and behavior that your parent/guardian would not approve of (or would be upset by), but that do not put you at risk of serious and immediate harm. However, if your risk-taking behavior becomes more serious, I will need to use my professional judgment to decide whether you are in serious and immediate danger of being harmed. If I feel that you are in such danger, I will communicate this information to your parent or guardian. You can always ask me questions about the types of information I would disclose. You can ask in the form of “hypothetical situations”; for example, *“If someone told you that they were doing \_\_\_\_\_, would you tell their parents?”*

Even if I have agreed to keep information confidential (not tell your parent or guardian), I may believe that it is important for them to know what is going on in your life. In these situations, I will encourage you to tell your parent or guardian and will help you find the best way to tell them. Also, when I meet with your parent or guardian, I may sometimes describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you. You should also know that, by law in California, your parent/guardian has the right to see any written records I keep about our sessions, though it is extremely rare that a parent/guardian would ever request to look at these records.

If you need emergency services, please go to the local emergency room, or contact the following resources: Sutter-Yuba Behavioral Health Crisis Line at 530.673.8255 or text HOME to 741741.

### **Communicating with Other Adults**

School: I will not share any information with your school unless I have your permission and permission from your parent or guardian. Sometimes I may request to speak to someone at your school to find out how things are going for you. Also, it may be helpful in some situations for me to give suggestions to your teacher or counselor at school. If I want to contact your school, or if someone at your school wants to contact me, I will discuss it with you and ask for your written permission. A very unlikely situation might come up in which I do not have your permission but where I (and your parent or guardian) believe that it is very important for me to share certain information with someone at your school. In this situation, I will use my professional judgment to decide whether to share any information.

**Adolescent Consent Form**  
**&**  
**Parent Agreement to Respect Privacy**

**Adolescent Therapy Client:**

Signing below indicates that you have reviewed the information and guidelines described above and understand the limits to confidentiality. If you have any questions, you may ask your therapist at any time.

Minor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

\* \* \*

**Parent/Guardian:**

Please check each box below and sign, indicating your agreement to respect your child's privacy:

I will refrain from requesting detailed information regarding my child's individual therapy sessions. I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed.

Although I know I have the legal right to request written records or session notes given that my child is a minor, I agree NOT to request these records, in order to respect the confidentiality of my adolescent's treatment.

I understand that I will be informed about any situations that could endanger my child. I know the decision to breach confidentiality in these circumstances is up to the therapist's professional judgment and may sometimes be made in confidential consultation with the therapist's consultant/supervisor.

I understand that it is my responsibility to get my child to the therapy appointment on time, and if I am late, I will only have the designated time remaining for the session. I also understand that if I fail to bring my child to three (3) scheduled appointments, I will be required to have a re-evaluation discussion of treatment with the therapist to discuss commitment to treatment before my child will again be placed on the appointment schedule.

Parent/Guardian Signature (1) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (2) \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_