

Agreement Concerning Minors

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, as well as their understanding of the basic procedures involved in counseling children.

Communication with me is important so that I can tailor treatment to address specific issues.

___ A parent or guardian will agree **to at least one conference a month (or after 4 sessions)**, in order to maintain communication of your child’s progress. (normally 30 minutes)

The issue of confidentiality is critical in treating children. Children seen in individual session (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 may be lost.

Therefore, I would like us to agree that:

___ children are entitled to their privacy.

That privacy, however, is erased if therapist becomes aware of

___ child abuse, neglect, molestation, or danger to self or others.

Now that the various aspects surrounding confidentiality have been stated, the specific agreement between you and your child follows:

As the _____ I, _____
(relationship) PRINT your name

As the _____ I, _____
(relationship) PRINT your name

Agree that: my child (name) _____ should have privacy in his/her therapy sessions, and I agree to allow this privacy except in extreme situations, as stated above. 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:

___ As a parent, I will do my best to ensure that therapy sessions are attended and will not inquire about the content of sessions.

___ If my child prefers not to **volunteer** information about the sessions, I will respect his/her right not to disclose details.

___ Basically, unless my child has been 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 generally participating
- Whether or not progress is generally being made

Signatures: Parent/Guardians:

Signature Printed Name Date: _____

Signature Printed Name Date: _____

Minor Signature: _____ Date: _____