

Creative Collaborations Psychotherapy

Debra Kanter Klaus LCSW-C

Parental Consent for Child and Adolescent Therapy

Name of Child: _____

DOB: _____

Prior to beginning treatment, it is important for you to understand my approach to child therapy and agree to some rules about your child's confidentiality during the course of his/her treatment. The information herein is in addition to the information contained in the Treatment Consent.

Therapy is most effective when a trusting relationship exists between the therapist and a child. Privacy is especially important in securing and maintaining that trust. It is necessary for children to establish a "zone of privacy" with their therapist that allows them to feel free to discuss personal matters. Therefore, it is my policy to provide you with general information about the treatment of your child, but I will not share with you what your child has disclosed to me without your child's consent. However, if I ever believe that your child has been abused or is at serious risk of harming him/herself or another, I will inform you. I will be happy to provide a written treatment summary upon request.

Adolescence is a time when children need to develop a greater sense of independence and autonomy. If your child is an adolescent, it is possible that he/she will reveal sensitive information during therapy sessions regarding sexual contact, alcohol and/or drug use, or other potentially

problematic behaviors. In order for me to effectively work with your child, it is necessary for me to maintain confidentiality about these behaviors unless they involve imminent risk of harm to self or others, such as driving while under the influence of alcohol or drugs. I will also inform you if your child does not attend sessions or if it is necessary to refer your child to another mental health professional.

One risk of child therapy involves disagreement among parents and/or disagreement between parents and a therapist regarding the best interests of the child. If such disagreements occur, I will strive to listen carefully and try to understand your perspectives, while fully explaining mine. We can resolve such disagreements or we can agree to disagree, so long as this enables your child's therapeutic progress. If either parent decides that therapy should end, I ask that you allow me the option of having a few closing sessions with your child to appropriately end the treatment relationship. If conflicts arise between parents, you understand and agree that my role is strictly limited to providing psychotherapy for the benefit of your child. This means, among other things, that you will treat anything said in session as confidential and you will not attempt to gain advantage in any legal proceeding from my involvement with your child. You agree that you will not involve me in any legal dispute, especially a dispute concerning custody or visitation arrangements. You will not ask me to testify in court, either in person or by affidavit. You also agree to instruct your attorneys not to subpoena me or to refer in any court filing to anything I have said or done.

If a court appoints an evaluator, mediator, or guardian ad litem, I will provide information as needed, if appropriate releases are signed or a court order is provided. I am ethically bound not to give my opinion about either parent's custody or visitation suitability. If, for any reason, I am required to participate in a legal dispute, the party responsible for my participation agrees to reimburse me at the rate of \$200/hour for time spent testifying, being in attendance at hearings, or any case-related costs. Additional fees will be incurred for preparing reports, telephoning, and travel time.

Thank you for your understanding and cooperation. If you have any questions about the information contained in this contract, please discuss them with me prior to signing below. Your signature indicates legally-binding agreement with the terms set forth in this contract.

Print Name: _____

Parent/Guardian _____
Signature

Date: _____

Print Name: _____

Parent/Guardian _____
Signature

Date: _____

Therapist: _____

Date: _____