

Privacy Rights/Procedures in Treatment of a Minor & Consent to Treatment

Name of minor client: _____

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 being successful in important areas of your life. You may be here because you wanted to talk about these problems, or because someone else had concerns about you. 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 parents or guardians 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. *As a general rule, I will keep the information you share with me in our sessions confidential, unless I have your written consent to disclose certain information.* There are, however, important exceptions to this rule. 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 in the following situations:

Danger to yourself or others. If you disclose plans to cause serious harm or death to yourself or someone else, and I believe 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. I must make sure that you are protected from harming yourself or anyone else. I must also inform any persons you intend to harm, if applicable.

Risky or dangerous behaviors. 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.

Neglect or abuse. 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 Department of Social Services.

Court proceedings. 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 the above-mentioned situations, I will not tell your parent/guardian specific things you share with me in our private therapy sessions. This includes activities or 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, then I will need to use my professional judgment to decide whether you are in immediate danger of being seriously harmed. If I feel that you are in danger, I will communicate this information to your parent/guardian.

Example: If you tell me that you have tried alcohol at a few parties, I would keep this information confidential. If you tell me that you are drinking and driving or that you are a passenger in a car with a driver who is drunk, I would not keep this information confidential from your parent/guardian. If you tell me, or if I believe based on things you've told me, that you are addicted to alcohol, I would not keep this information confidential.

Example: If you tell me that you are having protected sex with a boyfriend or girlfriend, I would keep this information confidential. If you tell me that, on several occasions, you have engaged in unprotected sex with people you do not know or in unsafe situations, I will not keep this information confidential. You can always ask me questions about the types of information I would disclose. You can ask in the form of "hypothetical situations," in other words: "If someone told you that they were doing _____, would you tell their parents?"

Even if I have agreed to keep information confidential, I may believe that it is important for your parent or guardian to know what is going on in your life. In these situations, I will encourage you to tell your

parent/guardian and will help you find the best way to tell them. Also, when meeting with your parents, 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 North Carolina, your parent/guardian has the right to see any written records I keep about our sessions. It is extremely rare that a parent/guardian would ever request to look at these records.]

Communicating with other adults:

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 written permission from you and your parent/guardian. A very unlikely situation might come up in which I do not have your permission but both I and your parent/guardian believe that it is very important for me to be able 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.

Doctors: Sometimes your doctor and I may need to work together; for example, if you need to take medication in addition to seeing a counselor or therapist. I will get written permission from you and your parent/guardian in advance to share information with your doctor. The only time I will share information with your doctor even if I don't have your permission is if you are doing something that puts you at risk for serious and immediate physical/medical harm.

Adolescent therapy client

Signing below indicates that you have reviewed the policies described above and understand the limits to confidentiality. If you have any questions as we progress with therapy, you can ask your therapist at any time.

Minor's Signature _____ Date _____

Parent/Guardian Agreement to Respect Privacy

Check boxes and sign below indicating your agreement to respect your adolescent's privacy:

I will refrain from requesting detailed information about individual therapy sessions with my child. 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/session notes since 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 situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the therapist's professional judgment and may sometimes be made in confidential consultation with her consultant/supervisor.

Parent/Guardian Consent to Treatment for a Minor Child

Alicia McArthur, LPC, and I have discussed my child's situation. I have been informed of the risks and benefits of therapy. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

I know that I must call to cancel my child's appointment at least 48 hours (2 days) before the time of the appointment. If I do not cancel and we do not show up, I will be charged a fee for that appointment.

I am aware that my child's therapist is not affiliated with any insurance companies at this time, and that I am responsible for paying the full fee at the time of services, and for filing any claims for reimbursement directly with

my insurance company. I understand that, at my written request, the therapist may disclose information about my child’s treatment to my insurance company to assist in the processing of my claims. I understand that if payment for the services my child receives here is not made, the therapist may stop my treatment.

I have had the chance to discuss all of these issues, have had my questions answered, and believe I understand the treatment that is planned. Therefore, I agree to play an active role in this treatment as needed, and I give this therapist permission to begin individual therapy with my child, as shown by my signature below.

Parent Signature

Date

Parent Signature

Date

I, the therapist, have discussed the issues above with the child’s parent/ guardian. My observations of the parent’s behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent to the child’s treatment.

Therapist Signature

Date

Copy accepted by parent/guardian Copy kept by therapist

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.

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