

# Parental Consent Form

## ***Privacy of Information Shared in Heather's Healing Kitchen Health Coaching: Your Rights and My Policies***

### What to expect:

The purpose of meeting with a health coach is to get support in developing a healthy mind, body and spirit. You may be here because you wanted to talk to someone about problems you may be having with food, your body, or your overall health. Or, you may be here because your parent has concerns about you. When we meet, we will discuss these problems. I will ask questions, listen to you and suggest a plan for resolving these presenting 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 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 health coach. Privacy, also called confidentiality, is an important and necessary part of health coaching.

*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 that are important for you to understand before you share personal information with me in a 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 to yourself, 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 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 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. In this situation, I am required by law to report the abuse.

>You are involved in a court case and a request is made for information about your health coaching. 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 parents or guardians specific things you share with me in our private 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, then 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 parents or guardians.

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

**Adolescent health coach 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 our sessions, you can ask your health coach at any time.

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

\* \* \*

**Parent/Guardian:**

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

/\_\_\_/ I will refrain from requesting detailed information about individual 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 sessions as needed.

/\_\_\_/ 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 health coaches professional judgment.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_