



*The Woodlands Family Counseling Center*  
*33300 Egypt Lane Suite I-200*  
*Magnolia, TX 77354*  
*(936) 463-8185*

**Adolescent/Teen Informed Consent Form**  
***Privacy of Information Shared in Counseling:***  
***Your Rights and My Policies***

**What to expect:**

The purpose of meeting with a counselor is to get help with problems and concerns in your life that are bothering you or that are keeping you from being successful.

*As a general rule, I will keep the information you share with me in our sessions confidential, unless I have your 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 counseling session. In some situations, I am required 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 or others.
- ❖ You tell me you are being abused (physically, sexually or emotionally) or that you have been abused in the past.
- ❖ You are in a relationship that meets statutory legal requirements.
- ❖ You are involved in a court case and a request is made for information about your counseling or therapy.

**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, 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 parent or guardian.

- ❖ In some situations, 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/guardian and will help you find the best way to tell them.

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**Parent/Guardian:**

I believe that it is important to work with the family while preserving the adolescent's right to confidentiality. Treatment can be impeded if an adolescent/teen does not feel that they have a private place to talk about concerns. However, I do believe that parents/guardians are an integral part of your child's life and the therapeutic process and I encourage communication between you, your child, and myself.

**Adolescent/Teen 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 counseling, you can ask me at any time.

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**Minors signature** **Date**

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**Parent/Guardian signature** **Date**

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**Parent/Guardian signature** **Date**

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**Counselor** **Date**