



Take your life to the next level

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Consent to Treat a Minor

Professional Qualifications

The scope of practice of a Licensed Professional Counselor includes, but is not limited to, counseling, counseling interventions, appraisal and assessment, consulting, referral and research activities, as defined in N.J.A.C. 13:34-10.2.

You have the right to inquire fully about the credentials, education, and experience of your child's counselor and to have your questions answered to your satisfaction. In this practice, treatment is provided by a licensed member of a mental health profession (counselor, social worker, psychologist or psychiatrist)

Heidi Kiebler-Brogan is a Licensed Professional Counselor and Nationally Board Certified Counselor with over 20 years' experience working with individuals, couples and families in the mental health field. Ms. Kiebler-Brogan is the current and past President of the NJ Mental Health Counseling Association, and longtime Board Member of the NJ Counseling Association. She is a trained Divorce Mediator and Collaborative Divorce Consultant.

What to Expect from Sessions

Counseling is defined as assisting an individual or group through the counseling relationship to develop an understanding of intrapersonal and interpersonal problems, to define goals, to make decisions, to plan a course of action reflecting the client's needs, interests, and abilities, and to use informational and community resources as these methods are related to career development and adjustment and to mental, emotional, social, educational and existential issues.

Your child's counselor will work to provide the most effective treatment possible. Studies indicate that most clients benefit from treatment and experience improvement in the problem areas for which services were sought. However, treatment benefits, while likely, cannot be guaranteed. Response to therapy is different for each client and should be discussed on an ongoing basis with your child's therapist.

Counseling can involve a variety of different activities, which vary from client to client. In general, your therapist will assess your child's problem(s) and then will provide therapeutic services designed to resolve or reduce the problems. There may be individual work with your child, discussions with you possibly including ways to help your child outside of therapy, and/or family sessions. Therapy may focus on feelings, thoughts, relationships, and/or behaviors. With young children, therapy generally includes play activities used as a means of understanding and communicating with the child.

13:34-18.5 CONFIDENTIALITY

- a) A licensee shall preserve the confidentiality of information obtained from a client in the course of performing professional counseling services for the client, except in the following circumstances:
 - 1) Disclosure is required by Federal or State law or regulation;
 - 2) Disclosure is required by the Board or the Office of the Attorney General during the course of an investigation;
 - 3) Disclosure is required by a court of competent jurisdiction pursuant to an order;
 - 4) The licensee has information that the client presents a clear and present danger to the health or safety of an individual;
 - 5) The licensee is a party defendant to a civil, criminal or disciplinary action arising from the professional counseling services provided, in which case a waiver of the privilege accorded by this section shall be limited to that action; or
 - 6) The client agrees, in writing, to waive the privilege accorded by this section. In circumstances where more than one person in a family is receiving professional counseling services, each family member who is at least 18 years of age or older must agree to the

waiver. Where required by Federal or State law persons under the age of 18 years of age must agree to the waiver. Absent a waiver of each family member, a licensee shall not disclose any information received from any family member.

b) In the case of a client's death:

1.) Confidentiality survives the client's death and a licensee shall preserve the confidentiality of information obtained from the client in the course of the licensee's teaching, practice or investigation;

2.) The disclosure of information in a deceased client's records is governed by the same provisions for living clients set forth in N.J.A.C. 13:34-18.3, 18.4 and 18.6; and

3.) A licensee shall retain a deceased client's record for at least seven years from the date of last entry, unless otherwise provided by law.

13:34-18.6 MINORS

a) Unless otherwise ordered by a court, if the client is a minor, a parent or legal guardian will be deemed to be an authorized representative, as defined at N.J.A.C. 13:34-18.3(a). When the client is more than 14 years of age, but has not yet reached the age of majority, the authorization shall be signed by the client and by the client's parent or legal guardian, pursuant to N.J.S.A. 45:14B-36(e).

b) This section shall not require a licensee to release to a minor's parent or guardian records or information relating to the minor's sexually transmitted disease, termination of pregnancy or substance abuse or any other information that in the reasonable exercise of the licensee's professional judgment may adversely affect the minor's health or welfare.

c) Unless otherwise ordered by a court, at least one parent or guardian shall consent to the treatment of a minor. If one parent consents, a licensee may treat a minor even over the objection of the other parent.

d) The provisions at N.J.A.C. 13:34-18.3, 18.4 and 18.5, concerning access to client records, access by a managed health care plan to information in client records and confidentiality of records, shall apply to minors.

It should also be noted that insurance companies reimbursing mental health services require information about these services. Therefore, if you are seeking insurance reimbursement for your child's treatment, information will need to be released by you to your insurer.

As indicated by my signature on this form, I have read, understand and consent to the conditions described above and I consent to the mental health treatment of _____

Name of client

Name of parent/guardian

Signature of parent/guardian

Name of client (if 16 or older)

Signature of client (16 or older)

Date: _____

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Licensed Professional Counselor

Date: _____