**Power of Hope Counseling, LLC**

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**Special Confidentiality Notice for Parents/Guardians of Adolescent Clients**

**Your child has the right to private, confidential communication with their therapist. This means that some of the issues that they discuss with me will not be disclosed to anyone, including you, unless I have been given permission by your child to do so. I need your child to be open and honest with me in order to understand the issues your child is dealing with. I recognize it is very important for you to know what your child is going through in order to do your job as a parent, which is why I will always encourage your child to be honest with you.**

**You should know that this confidentiality has limits. If there is any threat to your child’s safety, I have the duty to inform you and help to create a plan for safety. In addition, there are situations that I am mandated to report and cannot keep confidential. Those situations include: threats against another person, abuse or neglect of a child, disabled person and/or elderly adult.**

**Finally, I recognize and respect how challenging it can be for a parent to raise a child. I know how badly you might want to know everything your child is sharing in sessions. I want to be your partner in supporting your child’s wellbeing, and even when I can’t discuss certain details about your child with you, I be there to help guide you to help your child to make healthy decisions, including being open and honest with you.**

**Your signature indicates that you have read and understand the Special Confidentiality Notice for Parents/Guardians of Adolescent Clients and agree to its terms.**

**Parent/s/Guardian/s Signature---Relationship to the child**

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