

LUCY T. SMITH, PHD
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**Parent Agreement
for Therapy with Children and Adolescents**

Prior to beginning treatment, it is important for you to understand my approach to child/adolescent therapy and agree to some rules about your child's confidentiality during the course of his/her treatment. The information herein is in addition to the information contained in the Psychological Services Agreement. Under HIPAA and the APA Ethics Code, I am legally and ethically responsible to provide you with informed consent. As we go forward, I will try to remind you of important issues as they arise.

One risk of child therapy involves disagreement among parents and/or disagreement between parents and therapist regarding the best interests of the child. If such disagreements occur, I will strive to listen carefully so that I can understand your perspectives and fully explain my perspective. We can resolve such disagreements or we can agree to disagree, so long as this enables your child's therapeutic progress. Ultimately, you will decide whether therapy will continue. If either of you decides that therapy should end, I will honor that decision; however, I ask that you allow me the option of having a closing session with your child to appropriately end the treatment relationship.

Therapy is most effective when a trusting relationship exists between the psychologist and the patient. Privacy is especially important in securing and maintaining that trust. One goal of treatment is to promote a stronger and better relationship between children and their parents. However, it is often necessary for children to develop a "zone of privacy" whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. By signing this agreement, you will be waiving your right of access to your child's treatment records.

It is my policy to provide parents with general information about treatment progress, and I wholeheartedly welcome your feedback and insight regarding your child. Generally speaking, I will not share with you what your child has disclosed to me without your child's consent. If it is necessary to refer your child to another mental health professional with more specialized skills, I will share that information with you. I will tell you if your child does not attend sessions.

If your child is an adolescent, it is possible that he/she will reveal sensitive information regarding sexual contact, alcohol and drug use, or other potentially problematic behaviors. Sometimes these behaviors are within the range of normal adolescent experimentation, but at other times they may require parental intervention. We must carefully and directly discuss your feelings and opinions regarding acceptable behavior. If I ever believe that your child is at serious risk of harming him/herself or another, I will inform you.

Although my responsibility to your child may require my involvement in conflicts between the two of you, my involvement will be strictly limited to that which will benefit your child. This means, among other things, that you will treat anything that is said in session with me as confidential. Neither of you will attempt to gain advantage in any legal proceeding between the two of you from my involvement with your children. In particular, I need your agreement that in

any such proceedings, neither of you will ask me to testify in court, whether in person, or by affidavit. You also agree to instruct your attorneys not to subpoena me or to refer in any court filing to anything I have said or done. Involving me in such legal proceedings will interfere with the therapy relationship between me and your child, thereby jeopardizing your child's health and well-being.

Note that such agreement may not prevent a judge from requiring my testimony, even though I will work to prevent such an event. If I am required to testify, I am ethically bound not to give my opinion about either parent's custody or visitation suitability. If the court appoints a custody evaluator, guardian ad litem, or parenting coordinator, I will provide information as needed (if appropriate releases are signed or a court order is provided), but I will not make any recommendation about the final decision.

As noted in the Psychological Services Agreement, if legal actions occur in which I am requested or subpoenaed to provide testimony (either by you or another party), you will be responsible to pay me directly for the following services: (a) the time spent preparing for court, (b) the time spent for transportation to/from court, and (c) the time spent in court. Because of the difficulty of legal involvement, I charge **\$350.00 per hour** for preparation and attendance at any legal proceedings. Payment for the estimated number of hours is due 10 days prior to the court date and must be paid in the form of a cashier's check.

Statement of Agreement

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Child's Name: _____ Date of Birth: _____

Parent Signature: _____ Date: _____

Printed Name: _____

Parent Signature: _____ Date: _____

Printed Name: _____

Therapist Signature: _____ Date: _____