



Parents Agreement to Privacy

COMMUNICATING WITH PARENT(S) OR GUARDIAN(S):

In psychotherapy it is important to feel safe, to expect privacy & confidentiality. Except for situations that legally limit confidentiality I will not tell your parent (or guardian) specific things you share with me in our private therapy sessions. You can always ask me questions about the types of information I would disclose. You can ask in the form of "hypothetical situations," in other words, "If someone told you that they were doing ____, would you tell their parents?"

If I believe that it is important for your parents / guardian to know what is going on in your life, I will encourage you to tell them, & help you figure out the best way to do so. Also, when meeting with your parents, I may sometimes describe problems in broad terms, without saying anything specific, in order for them be more helpful to you.

ADOLESCENT

Signing below indicates that I have reviewed the policy described above & understand the limits to confidentiality. If I have any questions as we do therapy, I understand that I can ask my therapist at any time.

Print minor's name _____

Minor's Signature _____ Date _____

PARENT / GUARDIAN

By initializing & signing below, I indicate my agreement to respect my adolescent's privacy:

_____ I will refrain from requesting detailed information about individual therapy sessions with my child. I understand that, if asked for, I will be provided with periodic updates about general progress, & / or may be asked to participate in therapy sessions as needed.

_____ Although I know I have the legal right to request written records / session notes since my child is a minor, I agree NOT to request these records in order to respect the privacy & confidentiality of my adolescent's treatment.

_____ I understand that I will be informed about situations that could endanger my child or someone else, & that my therapist may confidentially consult with a professional consultant, who must also maintain confidentiality.

Parent / Guardian's Signature _____ Date _____

Parent / Guardian's Signature _____ Date _____