

Informed Consent for Adolescent-Child Therapy Services

THRIVE THERAPY & COUNSELING

This document contains important information about our professional services and business policies. Please read it carefully and make note of any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

Counseling for adolescents/child can have benefits and risks. Since therapy often involves discussing unpleasant aspects of one's life, your child may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. Working through difficult emotions can sometimes lead to an increase in difficult behaviors before the adolescent/child is able to utilize new skills or fully integrate their experiences. On the other hand, counseling has been shown to have benefits for individuals who participate regularly. Therapy can lead to better relationships, solutions to specific problems, significant reductions in feelings of distress and improved self-esteem. But there are no guarantees of how an adolescent/child will respond. Adolescents/children are unique and holistic beings that sometimes require assistance and support in order to grow and develop to their fullest potential. Counseling can often be beneficial for adolescents/children and their families.

Confidentiality: Counsellors who work with adolescents/children have the difficult task of protecting the adolescent's/child's right to privacy while at the same time respecting the parent's or guardian's right to information. Therapy is most effective when a trusting relationship exists between the counsellor and the adolescent/child. Privacy is especially important in securing and maintaining that trust. In our practice, we provide individual counseling to adolescents/children and ensure the caregiver/parent is involved in the process through consultation with them. At times, the parent/caregiver may even participate in the sessions. However, to ensure a child's privacy we will not provide detailed information to the parent/caregiver regarding what the child shared unless the child provides consent. Instead, general themes, ideas and recommendations will be provided as well as support and encouragement to the parent/caregiver.

Revoking Consent: Both you and your child/adolescent may end the counseling relationship at any time, without penalty or prejudice (with the exception of late cancellations/no shows). You may also have the right to refuse or discuss modifications of any of my counseling techniques or suggestions that you have. This is a team effort!

Acknowledgment and Consent per your signature below, you are indicating that you read and understood this consent form or that any questions you had about this consent form were answered to your satisfaction.

Consent for Treatment of Minors:

I/we consent that my adolescent/child named _____, who is under the age of 18, may be treated as a client at Thrive Therapy & Counseling.

Date of birth of Child/Adolescent: _____

Parent or Guardian's name (please print) _____

Parent or Guardian's Signature _____ Date: _____

Parent or Guardian's name (please print) _____

Parent or Guardian's Signature _____ Date: _____