



760 Central Street Unit #3
Franklin, NH 03235
(802) 523-3517

Minor Parental Agreement

Purpose of Psychotherapy for Children

Psychotherapy can be a valuable and supportive resource for children. Establishing a therapeutic relationship outside of the home environment can:

- Support the open and developmentally appropriate expression of strong emotions that often accompany family transitions, including guilt, grief, anxiety, sadness, and anger.
- Provide an emotionally neutral and safe setting in which children can explore and process these feelings.
- Assist children in understanding and adjusting to changes in family structure and expectations regarding contact with each family member.
- Allow the therapist to offer feedback and guidance to caregivers based on the child's unique emotional needs and developmental level.

Importance of Caregiver Cooperation

The effectiveness of therapy can be significantly compromised if the therapeutic process becomes another source of conflict between caregivers. To best support the child, **Goodwin Counseling LLC strongly recommends** that all caregivers mutually agree to the following conditions for participation in therapy:

- The child's therapist's primary responsibility is to attend to the child's emotional and psychological needs. This may include contact with the child and caregivers, as well as gathering relevant information from other involved professionals (e.g., pediatricians, teachers). When appropriate, consultation with a medical provider may be recommended.
- All caregivers are expected to remain in communication regarding the child's emotional well-being. Open and ongoing communication about the child's emotional state and behavior is essential, and caregivers are encouraged to maintain appropriate contact with the therapist as needed.
- All parties must acknowledge and reinforce that the therapist's role is to support the child and is not aligned with any caregiver or party involved in a dispute.
- Caregivers involved in separation or divorce are strongly encouraged to participate in psychoeducational programs designed to prioritize the child's best interests.

Limits of Confidentiality

There are specific limits to confidentiality in psychotherapy involving children under these circumstances. Goodwin Counseling LLC will maintain records of all contacts and information



relevant to the child's welfare. These records will not be released to either caregiver without a court order unless, with agreement from both caregivers, the therapist determines that release is in the child's best interest.

Records may be subject to subpoena and may be requested by parties involved in legal proceedings, including attorneys.

Information shared by one caregiver may be disclosed to the other caregiver if it is relevant to the child's welfare. Information not relevant to the child's well-being may be kept confidential; however, such matters are often more appropriately addressed with attorneys, personal therapists, or other professionals.

The therapist is legally mandated to report any concerns related to the child's health or safety to appropriate authorities. When feasible, all parties will be informed if such a report is required.

Additional Clarification

- Psychotherapy through Goodwin Counseling LLC does not include custody recommendations. In custody disputes, caregivers are encouraged to pursue mediation or formal custody evaluations rather than attempting to resolve custody matters through therapy or litigation.
- Payment for services is due in full at the time services are rendered unless alternative arrangements are made in advance. Additional charges (e.g., consultations with attorneys, guardian's ad litem, or school personnel) must be paid promptly and in full.

Acknowledgment

Your understanding and agreement with these terms prior to the start of therapy will help prevent misunderstandings and support a successful therapeutic process. Your signature below indicates that you have read, understand, and agree to these conditions.

Date: _____

Patient Name Printed: _____

Patient Date of Birth: _____

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____