



PARENTAL CONSENT TO TREATMENT FOR ADOLESCENTS

The involvement of adolescents in therapy can be highly beneficial to their overall development. Very often, it is best to see them with parents and other family members; sometimes they are best seen alone. You and your therapist will assess which might be best for your adolescent and make recommendations for you. Obviously, the support of all the adolescent's caregivers is essential, as well as their understanding of the basic procedures involved in counseling adolescents.

The general goal of involving adolescents in therapy is to foster their development at all levels. At times, it may seem that a specific behavior is needed, such as to get the adolescent to obey or reveal certain information. Although those objectives may be part of overall development, they may not be the best goals for therapy. Again, your therapist will evaluate and discuss these goals with you.

Because the therapists' role is that of the adolescent's helper, we will not become involved in legal disputes or other official proceedings unless compelled to do so by a court of law. Matters involving custody and mediation are best handled by another professional who is specially trained in those areas rather than by the adolescent's therapist.

The issue of confidentiality is critical in treating adolescents. When adolescents are seen with adults, what is discussed is known to those present and should be kept confidential except by mutual agreement. Adolescents seen in individual sessions (except under certain conditions) are not legally entitled to confidentiality (also called privilege); their parents have this right. However, unless adolescents feel they have some privacy speaking with a therapist, the benefits of therapy may be lost. Therefore, it is necessary to work out an arrangement in which adolescents feel that their privacy is generally being respected, at the same time that parents have access to critical information. This agreement must have the understanding and approval of the parents or other responsible adults and of the adolescent in therapy.

This agreement regarding treatment of minors has provisions for inserting individual details, which can be supplied by both the adolescent and the adults involved. However, it is first important to point out the exceptions to this general agreement. The following circumstances override the general policy that adolescents are entitled to privacy while parents or guardians have a legal right to information.

Confidentiality and privilege are limited in cases involving child abuse, neglect, molestation, or danger to self or others. In these cases, the therapist is required to make an official report to the appropriate agency and will attempt to involve parents as much as possible.

Minors may independently enter into therapy and claim the privilege of confidentiality in cases involving abuse or severe neglect, molestation, pregnancy, or communicable diseases, and when they are on active military duty, married, or officially emancipated. They may seek therapy independently for substance abuse, danger to self or others, or a mental disorder, but parents must be involved unless doing so would harm the adolescent.

Any evaluation, treatment, or reports ordered by or done for submission to a third party, such as a court or a school, is not entirely confidential and will be shared with that agency with your specific written permission. Please also note that the therapist does not have control over information once it is released to a third party.

Now that the various aspects surrounding confidentiality have been stated, the specific agreement between you and your adolescent(s) follows:



I (Parent/Guardian) _____ allow my adolescent (clients name) _____ to participate in counseling at Daemion Counseling Center which may include individual, family and/or group therapy sessions. I understand that the involvement in treatment is voluntary on my part.

I, (Parent/Guardian) _____ agree that (Clients name) _____ should have privacy in his/her/their therapy sessions, and I agree to allow this privacy except in extreme situations, which I will discuss with the therapist. At the same time, except under unusual circumstances, I understand that I have a legal right to obtain this information. To increase the effectiveness of the therapy, I agree to the following: I will do my best to ensure that therapy sessions are attended and will not inquire about the content of the sessions. If my adolescent(s) prefer(s) not to volunteer information about the sessions, I will respect his/her/their right not to disclose details. Basically, unless my adolescent(s) has/have been abused or is/ are a clear danger to self or others, the therapist will normally tell me only the following:

- Whether sessions are attended
- Whether my adolescent(s) is(are) generally participating or not
- Whether progress is generally being made or not

The normal procedure for discussing issues that are in my adolescent(s) therapy will be joint sessions including my adolescent(s), the therapist, and me and perhaps other appropriate adults. If I believe there are significant health or safety issues that I need to know about, I will contact the therapist and attempt to arrange a session with my adolescent(s) present. Similarly, when the therapist determines that there are significant issues that should be discussed with parents, every effort will be made to schedule a session involving the parents and the adolescent(s). I understand that if information becomes known to the therapist and has a significant bearing on the adolescent(s) well-being, the therapist will work with the person providing the information to ensure that both parents are aware of it. In other words, the therapist will not divulge secrets except as mandated by law, but may encourage the individual who has the information to disclose it for therapy to continue effectively.

Parent/ Guardian Signature: _____

Date: _____

Parent/ Guardian Signature: _____

Date: _____

Therapist Signature: _____

Date: _____

Client Signature: _____

Date: _____