

CONFIDENTIALITY AGREEMENT

While Pennsylvania law permits a youth aged 14 or older to seek and participate in therapy without parental consent, it is the policy of Daemion Counseling Center that both custodial parents of minor children be aware that their child(ren) is/are participating in counseling.
The undersigned,
"child(ren)," and in consideration of the mutual promises herein contained, both parents agree to cooperate with the therapist and with each other with regard to the requirement that all communications between the parties and/or children and the therapist be kept confidential. The parties agree that all disclosures made by them and/or their children and all the information, records, and other material that is obtained by the therapist in connection with the counseling services, is disclosed pursuant to the therapist-patient relationship and will be kept confidential by the therapist. The therapist will remain neutral in any adversary proceedings between the parents.
The parents and the therapist further agree that the therapist will not be called upon to testify, and that the therapist will not disclose and not be required to disclose communications made to it by either parent, or by the child/children involved. Daemion Counseling Center has established a policy not to participate in any litigation involving or concerning custody of minor clients.
Both parents further agree that all disclosures made in connection with the counseling services by the therapist are of a confidential, privileged nature and that the written consent of the therapist and both parties to this agreement will be required to waive the privileges granted herein and in Section B of the 2014 American Counseling Association Code of Ethics.
If either parent takes any action contrary to this agreement, the other parent or the therapist shall be entitled to seek to legally enjoin the same. In addition, the therapist will be entitled to court costs and reasonable attorney's fees in protecting the confidential, privileged nature of the services and communications.
IN WITNESS WHEREOF, the undersigned have executed this Confidentiality Agreement as of the date written below.
Witnessed by: Date
Parent: Date
Parent: Date
Theranist: Date