



## **Parent Authorization for Psychotherapy Treatment of Minor Child**

In order to authorize mental health treatment for your child, you must have either sole or joint legal custody of your child. Please notify me immediately if you are separated or divorced from the other parent of your child. If you are separated or divorced from the child's other parent, please be aware that it is my policy to notify the other parent that I am meeting with your child if the other parent's contact information is available. I believe it is important that all parents have the right to know that their child is receiving mental health evaluation or treatment, unless there are truly exceptional circumstances.

One risk of child/family therapy involves disagreement among parents and/or disagreements between parents and the psychotherapist regarding the child's treatment. If such disagreements occur, I will strive to listen carefully so that I can understand your perspective and I will fully explain my perspective. We can resolve such disagreements or we can agree to disagree, so long as this enables your child's therapeutic process. Ultimately, you decide whether your child's therapy will continue. If either parent decides the therapy should end, I will honor that decision, unless there are extraordinary circumstances. In most cases, I will ask that you allow me the option of having a closing session with your child to properly end the treatment relationship.

In the course of my psychotherapy treatment with a child, I will meet with the parents/guardians both separately and together with their child. Please be aware, however, that at all times my primary client is the child – not the parents/guardians, nor any siblings or other family members of the child. If I meet with the parents/guardians alone and/or with other family members in the course of the child's treatment, I will take progress notes of those sessions that will be placed in the child's treatment records. Please be aware that those progress notes will be available to any person or entity that has legal access to your child's treatment record.

### Mandatory Disclosures of Treatment Information

In some situations, I am required by law or by the guidelines of my profession to disclose information, whether or not I have you or your child's permission. Confidentiality cannot be maintained when:

- Child/adolescent clients tell me they plan to cause serious harm or death to themselves, and I believe they have the intent and ability to carry out this threat in the very near future. I must take steps to inform a parent or guardian or others of what the child has told me and how serious I believe this threat to be in order to try to prevent the occurrence of such harm.
- Child/adolescent clients tell me they plan to cause serious harm or death to someone else, and I believe that they have the intent and ability to carry out this threat in the very near future. In this situation, I must inform a parent or guardian or others. I will be required to inform the person who is the target of the threatened harm, and also law enforcement.
- Child/adolescent clients are doing things that could cause serious harm to themselves or to someone else, even if they do not intend to harm themselves or another person. In these situations, I will need to use my professional judgment to decide whether a parent or guardian should be informed.
- Child/adolescent clients tell me, or I otherwise learn, that it appears a child is being neglected or abused--physically, sexually, or emotionally--or it appears that they have been neglected or abused in the past. In this situation, I am required by law to report the alleged abuse to the appropriate state child protective agency and/or law enforcement.
- I receive a court order signed by a judge to disclose treatment information.

### Disclosure of Minor Child's Treatment Information to Parents/Guardians

Therapy is most effective when a trusting relationship exists between the psychologist and the client. Privacy is especially important in earning and keeping that trust. As a result, it is important for children and adolescents to have a "zone of privacy" where they feel free to discuss personal matters without fear that their thoughts and feelings will be immediately communicated to their parents. This is particularly true for adolescents, who are naturally developing a greater sense of independence and economy.

It is my policy to provide parents/guardians with general information about the children's treatment, but not to share specific information the child has disclosed to me without their agreement. This includes activities and behavior that they typically would not approve of, or

they might be upset by, but that do not put your child at risk of serious and immediate harm. However, if your child's risk-taking behavior becomes more serious, then I will need to use my professional judgment to decide whether a parent or guardian should be informed. If I feel that your child is in such danger, I will communicate this information to you.

You can always ask me questions about the types of information I would disclose. You can ask in the form of hypothetical situations such as, "If my child told you that he or she were doing [fill in the blank], would you tell the parents?" Even when we have agreed to keep the child/adolescent treatment information confidential from the parents, I may believe that it is important for the parents to know about a particular situation that is going on in the child's life. In these situations, I will encourage the child to tell the parents and I will help the child find the best way to do so. Also, when meeting with parents, I may sometimes describe the child's problem behavior in general terms, without using specifics, in order to help them better understand their child's behavior.

### **Disclosure of Minor Child's Treatment Records to Parents/Guardians**

While the laws of the state of Colorado may give parents the right to see any written records I keep about the child's treatment, by signing this agreement, you are agreeing that your child or teen should have a "zone of privacy" in their meetings with me, and you agree not to request access to your child's treatment records, except for exceptional circumstances.

### **Parent/Guardian Agreement To Not Use**

#### **Minor Child's Treatment Information/Records in Custody Litigation**

When a family is in conflict, particularly due to parental separation or divorce, it is very difficult for everyone, and particularly for the child. You agree that during any child custody/visitation proceedings, neither parent will seek to subpoena my records or ask me to testify in court, whether in person or by affidavit, or to provide letters or documentation expressing my opinion about parental fitness or custody/visitation agreements.

Please note that your agreement may not prevent a judge from requiring my testimony, even though I will not do so unless legally compelled. If I am required to testify, I am ethically bound not to give my opinion about either parent's custody, visitation suitability, or fitness. If the court appoints a custody evaluator, guardian *ad litem*, or parenting coordinator, I will provide information as needed, if appropriate releases are signed or a court order is provided, but I will not make any recommendation about the final decision(s). Furthermore, if I am required to appear as a witness, or to otherwise perform work related to any legal matter, the party responsible for my participation agrees to reimburse me at the rate of \$200 per hour for time spent traveling, speaking with attorneys, reviewing and preparing documents, testifying, being in attendance, and any other case related costs.

**Signature of Child/Adolescent Client**

By signing below, you show that you have read and understood the policies described above. If you have any questions as we progress with therapy, you can ask me at any time.

Minor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature & Initials of Parent/Guardian of Child/Adolescent Client**

Please initial after each line and sign below, indicating your agreement to respect your child's privacy:

\_\_\_\_\_ I will refrain from requesting detailed information about individual therapy sessions with my child. I understand that I will be provided with periodic updates about my child's general progress, and may also be asked to participate in family therapy sessions as needed.

\_\_\_\_\_ Although I may have a legal right to request treatment records/progress notes since my child is a minor, I agreed not to request such records in order to respect the confidentiality of my child's treatment.

\_\_\_\_\_ I understand that I will be informed about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the therapist professional judgment, unless otherwise noted above.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_