

Additional Information Concerning Child Psychotherapy

Prior to beginning treatment, it is important for you to understand my approach to child therapy and agree to some guidelines about your child's confidentiality during the course of his/her treatment. The information herein is in addition to the information contained in the Patient-Therapist Agreement. Under HIPAA and the APA Ethics Code I am legally and ethical responsible to provide you with informed consent. As we go forward, I will try to discuss important issues as they arise.

One risk of child therapy involves disagreement among parents and/or disagreement between parents and therapist regarding the best interests of the child. If such disagreements occur, I will strive to listen carefully so that I can understand your perspectives and fully explain my perspective. We can resolve such disagreements or we can agree to disagree, so long as this enables your child's therapeutic progress. Ultimately, you will decide whether therapy will continue. If either of you decides that therapy should end, I will honor that decision, however I ask that you allow me the option of having a few closing sessions to appropriately end the treatment relationship.

Therapy is most effective when a trusting relationship exists between the therapist and the patient. Privacy is especially important in securing and maintaining that trust. One goal of treatment is to promote a stronger and better relationship between children and their parents. However, it is often necessary for children to develop a "zone of privacy" whereby they feel free to discuss personal matters. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy.

It is my policy to provide you with general information about treatment status. I will raise issues that may impact your child either inside or outside the home. If it is necessary to refer your child to another mental health professional with more specialized skills, I will share that information with you. **I will not share with you what your child has disclosed to me without your child's consent.** I will tell you if your child does not attend sessions. You will be billed for no-show sessions or sessions without 24 hr notice (outside of a mutually deemed emergency).

If your child is an adolescent, it is possible that he/she will reveal sensitive information regarding sexual contact, alcohol and drug use, or other potentially problematic behaviors. Sometimes these behaviors are within the range of normal adolescent experimentation, but at other times they may require suggested interventions. I am not a substance abuse counselor or instructor on sexual abstinence. If I believe that your child is at serious risk of harming him/herself or another (including the legal/ethical guidelines around HIV), I will inform you and him/her.

Although my responsibility to your child may require my involvement in conflicts between the two of you, I need your agreement that my involvement will be strictly limited to that which will benefit your child. Neither of you will attempt to gain advantage in any legal proceeding between the two of you from my involvement with your children.

If I am required to testify, I am ethically bound not to give my opinion about either parent's custody or visitation suitability. If the court appoints a custody evaluator, guardian ad litem, or parenting coordinator, I will provide information as needed, but I will not make any recommendation about the final decision. Furthermore, if I am required to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of \$125.00 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs (mileage over 30 miles).

Parent/s

Date

Clinician

Date
