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Parent Agreement for Services Rendered to an Adolescent

Prior to beginning treatment, it is important for you to understand my approach to adolescent therapy and agree to some rules about your adolescent's confidentiality during the course of his/her treatment. The information herein is in addition to the information contained in the Informed Consent for Therapy and the Information for Clients brochure. 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 remind you of important issues as they arise.

One risk of adolescent therapy involves disagreement among parents and/or disagreement between parents and therapist regarding the best interests of the adolescent. 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 adolescent'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 psychologist 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 adolescents and their parents. However, it is often necessary for children to develop a "zone of privacy" whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. By signing this agreement, you will be waiving your right of access to your adolescent's treatment records.

It is my policy to provide you with general information about treatment status. I will raise issues that may impact your adolescent either inside or outside the home. If it is necessary to refer your adolescent to another mental health professional with more specialized skills, I will share that information with you. I will not share with you what your adolescent has disclosed to me without your adolescent's consent. I will tell you if your adolescent does not attend sessions. At the end of your adolescent's treatment, I will provide you with a treatment summary that will describe what issues were discussed, what progress was made, and what areas are likely to require intervention in the future.

It is possible that your adolescent 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 parental intervention. We must carefully and directly discuss your feelings and opinions regarding acceptable behavior. If I ever believe that your adolescent is at serious risk of harming him/herself or another, I will inform you.

Although my responsibility to your adolescent 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 adolescent. This means, among other things, that you will treat anything that is said in session with me as confidential. Neither of you will attempt to gain advantage in any legal proceeding between the two of you from my involvement with your children. In particular, I need your agreement that in any such proceedings, neither of you will ask me to testify in court, whether in person, or by affidavit. You also

agree to instruct your attorneys not to subpoena me or to refer in any court filing to anything I have said or done.

Note that such agreement may not prevent a judge from requiring my testimony, even though I will work to prevent such an event. 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 (if appropriate releases are signed or a court order is provided), 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 twice my hourly rate (that is, \$200 per hour) for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

Your understanding of these points and agreement in advance of starting this therapy may resolve difficulties that would otherwise arise and will help make this therapy successful. Your signature, below, signifies that you have read and accepted these points.

Caregiver signature Printed name Date

Caregiver signature Printed name Date

Caregiver signature Printed name Date

Caregiver signature Printed name Date

Adolescent's name Date of birth Age

Therapist Date

Copy accepted by client Copy kept by therapist

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.