

Confidentiality and Minors

If you are under 18 years of age, please be aware of the following:

- In most cases, your parents/legal guardian must provide *consent* in order for you to participate in psychotherapy. They do so once they understand the terms and agreements of the services I provide.
- You must, however, provide *assent*, which is the agreement to participate willingly in psychotherapy once you understand its terms and agreements.
- Your parents/legal guardians have the legal right to view your psychotherapy record. For many minors, this feels like an invasion of privacy that can have detrimental effects on the therapeutic relationship. Your parents/legal guardians understandably may want to know how therapy is going for you and may request information.
- Confidentiality is of the utmost importance to us to ensure trust and honesty between you and your therapist.

Because of these issues, I work with minors according to four policies:

1. I ask parents/guardians to give up the right to view their child's record at the start of their child's psychotherapy. Parents/guardians may periodically request general information about their child's psychotherapy.
2. Before providing information to parents/guardians about clinical work with a minor client, I will consult with the minor first. This allows the minor and therapist to discuss how best to keep parents/guardians apprised of the psychotherapy without raising concerns for the minor about the safety of the therapeutic relationship. As a general rule, I will share *general* (i.e., not specific) information with parents/guardians. The major exception here involves situations in which I believe the minor client puts him- or herself in danger. For example, if a minor tells me he tried alcohol, I would not share this information with parents. However, if a minor tells me he drove under the influence of alcohol or that he had an alcohol problem, this may be disclosed to parents/guardians.
3. As psychotherapists, I am restricted from sharing information about your therapy; however, I am not prohibited from *receiving* information. Your parents/guardians are free to offer information to me; however, it is generally our practice to inform you that such information was received so that it may be discussed openly in psychotherapy without creating a secretive dynamic.
4. At times it is helpful to invite one or both parents/guardians into therapy for a conjoint session. I reserve the right to discuss this option with a minor client should we feel it would be helpful.

Please note that California law permits the therapists to deny requests for information from parents/guardians if the therapist determines that responding to such a request could have either a detrimental effect on the therapeutic relationship or jeopardize the physical or emotional well-being of the minor.

For Minor Clients: I agree to begin psychotherapy. I understand the terms outlined above. My initials below indicate that I understand and agree to the following issues involving my privacy in psychotherapy.

I understand the limits of confidentiality outlined above. I understand that there are certain circumstances in which my therapist is permitted and/or obligated to breach confidentiality. In these circumstances (e.g., If I endanger myself.), my therapist may share this information with my parents/guardians.

I understand that my therapist will not discuss detailed information about my psychotherapy sessions with my parents/guardians. Additionally, I understand my therapist will discuss any disclosures to my parents/guardians with me prior to sharing information.

I understand that my therapist may request to have one or both of my parents/guardians join me for a conjoint psychotherapy session.

I understand that my therapist may receive information from my parents/guardians and that my therapist will share such information with me.

Client's printed name Minor client's signature ~ Assent Date

For Parents/Legal Guardians: I agree to the terms outlined above and consent for my minor child to begin psychotherapy. My initials below indicate that I understand and agree to respect my minor child's privacy with regards to his/her psychotherapy. I agree to pay the fee of \$ _____ per session (if not using insurance benefits, otherwise, see above).

I will refrain from requesting detailed information about individual therapy sessions with my child. I understand that I may request periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed.

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's professional judgment.