

## Psychological Services Consent Form For Parent or Legal Guardian

Please place your initials in the designated spaces to indicate that you have read and understood each of these conditions for your involvement in treatment. Your signature is also required at the end of this form.

### Confidentiality

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 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 with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. It is possible that your child will reveal sensitive information regarding sexual contact, alcohol and drug use, or other potentially problematic thoughts or behaviors. Sometimes these thoughts and behaviors are within the range of normal child and adolescent experimentation, but at other times they would benefit from parental intervention. It will be important for us to carefully and directly discuss your feelings and opinions regarding acceptable behavior so I can be better able to understand the expectations you have for your child. Nevertheless, all of the information your child shares with me is confidential and private. I will not share with you what your child has disclosed to me without your child’s consent.

Initial: \_\_\_\_\_

The confidentiality of information in the client’s chart, including the information that you provide, is protected by both federal and state law. It can only be released if the identified client or their legally recognized representative specifically authorizes me to do so with the following exceptions:

- If I suspect you are abusing or neglecting a child or a vulnerable adult I am required to file a report with the appropriate agency.
- If I believe that you are a danger to yourself (suicidal) I will take actions to protect your life even if I must reveal your identity to do so.
- If you threaten serious bodily harm to another I will take necessary actions to protect that person even if I must reveal your identity to do so.
- I will comply with any and all valid court orders including those to release confidential information.
- In the state of Tennessee, adolescents aged 16 years or older have the same rights as an adult with respect to mental health treatment, medication decisions and confidential information.
- I regularly consult with other therapists to discuss specific aspects of psychotherapy sessions in order to insure quality treatment. Nevertheless, the consulting therapist(s) is bound by the same confidentiality as I am.
- I am required by law to disclose a client’s health information to authorized federal officials conducting national security or intelligence activities as well as providing protective services to the President or other important officials. It is unlawful for me to reveal that this information has been disclosed.

Initial: \_\_\_\_\_

In treatment involving children, trust and privacy are crucial to treatment success. Nevertheless, parents or legal guardians need to know certain information about the treatment such as treatment goals, the child's level of participation, general issues being addressed in therapy and attendance. However, you will not be informed of the specific information provided by your child within the therapeutic relationship. I will always inform you if I think there is a risk of suicide, homicide, abuse or neglect.

Initial: \_\_\_\_\_

As a parent or legal guardian who is present during psychotherapy, you are **not** considered to be the client and are not the subject of the treatment. Psychologists have certain legal and ethical responsibilities to their clients. The privacy of this relationship is given legal protection. My primary responsibility is to my client and I must place their interests first. You have less privacy protection since you are not officially my client. By participating in psychotherapy with my client, you are voluntarily consenting to participate in the assessment and treatment that may be performed during this (series of) visit(s) with me.

Initial: \_\_\_\_\_

No record or chart will be maintained on you as a parent or legal guardian. You will not carry a diagnosis and there is no individualized treatment plan for you. Nevertheless, it is common for parents and family members to be actively involved in therapy with a child. Notes about you may be entered into the client's chart. The client or their legally recognized representative has a right to access their chart and the material contained therein. It is sometimes possible to maintain the privacy of our communications. If that is your wish, we should discuss it before any information is communicated.

Initial: \_\_\_\_\_

### **Benefits and Risks**

Psychotherapy often generates intense emotional experiences. Your participation may result in strong feelings of anxiety or emotional distress. It may also expose or create tension in your relationships. While your participation in psychotherapy can result in better understanding of your child or an improved relationship, or may even help in your own growth and development, there is no guarantee that this will be the case. Psychotherapy is a positive experience for many, but it is not helpful to everyone.

Initial: \_\_\_\_\_

### **Court Related Proceedings**

Although my work with your child may require my involvement in conflicts between parents or guardians, I need your agreement that my involvement will be strictly limited to that which will benefit your child. This means, among other things, that you will treat anything that is said in session with me as confidential. You will not attempt to gain advantage in any legal proceeding between you and other parents or guardians from my involvement with your children. In particular, I need your agreement that in any such proceedings, I will not be asked 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.

Initial: \_\_\_\_\_

A judge may require 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 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. If I am required to provide court-related services, the party responsible for my participation will reimburse me at the rate of \$400 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

Initial: \_\_\_\_\_

**Internet Presence and Electronic Communication**

I am not available by email or the internet for psychotherapy, professional consultation, or for emergencies. Information available on the internet by way of any websites associated with me does not constitute advice, diagnosis, or treatment by me.

Initial: \_\_\_\_\_

Confidentiality may be compromised by contacting me using electronic forms of communication such as unencrypted email, internet transmissions, cellular phone calls or text messaging. I cannot guarantee confidentiality when you communicate with me through these media.

Initial: \_\_\_\_\_

**Emergencies**

In case of emergencies, you may contact your nearest hospital emergency room. There is also a list of emergency and crisis resources provided on the emergency link on my web site. You may also call my office at (615) 370-2868 and follow the directions provided on my voice mail for emergency situations. **I am not available by email or the internet for emergencies.**

Initial: \_\_\_\_\_

If you have questions about therapy, my procedures, or your role in this process, don't hesitate to discuss them with me. Please sign below and indicate the date that you read and agreed to the conditions outlined above concerning the psychological services I provide. Let me know if you want a copy for your records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Relation to Client)