



LIVING WELL COUNSELING CENTER

5 SHEEP DAVIS RD. SUITE G PEMBROKE, NH 03275

Child Informed Consent

Privacy of Information Shared in Counseling/Therapy:

What to expect:

The purpose of meeting with a counselor or therapist is to get help with problems in your life that are bothering you or that are keeping you from being successful in important areas of your life. You may be here because you wanted to talk to a counselor about these problems. Or, you may be here because your parent, guardian, doctor or teacher had concerns about you. When we meet, we will discuss these problems. I will ask questions, listen to you and suggest a plan for improving these problems. It is important that you feel comfortable talking to me about the issues that are bothering you. Sometimes these issues will include things you don't want your parents or guardians to know about. For most people, knowing that what they say will be kept private helps them feel more comfortable and have more trust in their counselor.

Privacy, also called confidentiality, is an important and necessary part of good counseling.

As a general rule, I will keep the information you share with me in our sessions confidential, unless I have your **consent** to disclose certain information. There are, however, important exceptions to this rule that are important for you to understand before you share personal information with me in a therapy session. In some situations, I am required by law or by the guidelines of my profession to disclose information whether or not I have your permission. I have listed some of these situations below.

Confidentiality cannot be maintained when:

-You tell me you plan to seriously hurt or cause death to yourself, and I believe you 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 of what you have told me and how serious I believe this threat to be. I must make sure that you are protected from harming yourself.

-You tell me you plan to cause serious harm or death to someone else who can be identified, and I believe you have the intent and ability to carry out this threat in the very near future. In this situation, I must inform your parent or guardian, and I must inform the person who you intend to harm.

-You tell me you are being abused-physically, sexually or emotionally-or that you have been abused in the past. In this situation, I am required by law to report the abuse to the New Hampshire Department of Social Services.

-You are involved in a court case and a court order is made for information about your counseling or therapy. If this happens, I will not disclose information without your written agreement unless the court requires me to. I will do all I can within the law to protect your confidentiality, and if I am required to disclose information to the court, I will inform you that this is happening.

Communicating with your parent(s) or guardian(s):

Except for situations such as those mentioned above, I will not tell your parent or guardian specific things you share with me in our private therapy sessions. I may believe that it is important for them to know what is going on in your life. In these situations, I will encourage you to tell your parent/guardian and we will work together to find the best way to tell them. Also, when meeting with your parents, I may sometimes describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you.

Communicating with other adults:

School: I will not share any information with your school unless I have your permission and permission from your parent or guardian. Sometimes I may request to speak to someone at your school to find out how



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things are going for you. Also, it may be helpful in some situations for me to give suggestions to your teacher or counselor at school. If I want to contact your school, or if someone at your school wants to contact me, I will discuss it with you and ask for your written permission. A very unlikely situation might come up in which I do not have your permission but both I and your parent or guardian believe that it is very important for me to be able to share certain information with someone at your school. In this situation, I will use my professional judgment to decide whether to share any information.

Doctors: Sometimes your doctor and I may need to work together; for example, if you need to take medication in addition to seeing a counselor or therapist. I will get your written permission and permission from your parent/guardian in advance to share information with your doctor. The only time I will share information with your doctor even if I don't have your permission is if you are doing something that puts you at risk for serious and immediate physical/medical harm.

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Adolescent Consent Form & Parent Agreement to Respect Privacy

Adolescent therapy client:

Signing below indicates that you have reviewed the policies described above and understand the limits to confidentiality. If you have any questions as we progress with therapy, you can ask your therapist at any time.

Minor's Signature _____ Date _____

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Parent/Guardian:

I know that you are entrusting me with a great deal when you bring your child to counseling. I want to work collaboratively with you in that effort. I believe my counseling will be of help, and I will also keep you informed about alternatives to counseling.

I believe that the therapist and parents working together is important. We will generally have periodic meetings to talk about your child's progress, about each of our observations, and any concerns we have. I may ask for a meeting, and you may also request one.

It is important to know that your child's sessions with me are confidential. In most cases, I do not share specifically what your child does with me, but I will share the general themes related to treatment. I encourage you to always tell me anything you think I should know. Giving me updates if anything has changed in your child's life will help me be more in tune with your child and help me be able to address anything that might be affecting their progress. You can contact me via phone, voicemail, or e-mail. I try not to get into discussions with parents before or after therapy sessions because we don't want children to feel that we are talking behind their backs. If it is appropriate, I will often talk to children in an age-appropriate way about what their parents and I discussed.



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You can also support your child in therapy by keeping appointments regularly, arriving for appointments on time, letting me know your questions and concerns, and following through on any therapy homework or parenting/family experiments we agree to try.

Initial each line and sign below indicating your agreement to this form:

_____ If one parent is unavailable and we determine that it is appropriate to proceed with the consent of only one parent, the absent parent will have a right to the child's treatment records upon request while the child is a minor unless there is a court order to the contrary.

_____ The counseling will be guided with the child's best interest.

_____ To the extent that child directs and/or to the extent that the Therapist believes that it is in the best interest of the child, the therapist shall protect and safeguard the child's right of privacy, privilege and confidential relationship with Therapist.

_____ I/We acknowledge that a child will have a confidential relationship with Therapist. NH RSA 330-A:32

_____ I/We understand that I will be informed immediately 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 and may sometimes be made in confidential consultation with her consultant.

_____ I/We agree that any disclosure to parents by therapist of confidential information is not a waiver of our child's rights of privacy, privileged, confidential relationship and will not give parents access to other information regarding our child's treatment with Therapist.

_____ I/We have read, understood, and agree the "Office Policies Procedures and Information," "Telemental Health Informed Consent", and "Practices Regarding Your Protected Health Information" as provided at www.livingwellnh.com under "Client Paperwork."

_____ This practice does not provide therapy as a result of a court order requiring you to seek treatment. Court ordered therapy typically involves written reports as well as collaboration with outside agencies or legal entities. Priscilla Thompson, LCMHC, PLLC, Sheila Guinther, LCMHC, PLLC and Valerie Jones, LCMHC, PLLC are unable to meet this level of need. The therapist's role is to provide therapy, not to assess whether a parent is the most appropriate for custody, serve as an advocate or investigator of other issues or act as an expert witness. This therapist does not provide child custody evaluations and does not make recommendations in child custody disputes. This therapist does not provide letters or reports for court, custody or criminal matters.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Therapist Signature _____ Date _____
