

## CONSENT TO TREAT MINOR:

Typically, I will share general information with parents/caretakers, such as whether the minor attended sessions and if the minor appears to be participating in treatment. Unless one of the following situations comes up (issues of child abuse, wanting to hurt yourself or others, or very risky behavior), I will keep the specifics of therapy private. Sometimes I may decide to involve parents/caretakers in treatment, or to consult with them to get more information. This is all in the best interest of the minor in treatment. You should also know it is legal in California for parents/caretakers to access treatment records.

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 me at any time.

Parent/Guardian: Initial the points below and include your signature at the bottom to indicate your agreement to respect your child's privacy:

- 1 \_\_\_\_ I will refrain from requesting detailed information about individual therapy sessions with my child. I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed.
- 2 \_\_\_\_ Although I know I have the legal right to request written records/session notes since my child is a minor, I agree NOT to request these records in order to respect the confidentiality of my child's treatment.
- 3 \_\_\_\_ I understand that I will be informed about situations that could seriously endanger my child. I know this decision to breach confidentiality in these circumstances is up to the therapist's professional judgment.

Parent Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Printed Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Printed Name \_\_\_\_\_