

CONSENT FOR SPECIFIC CIRCUMSTANCES

CHILDREN AND ADOLESCENTS AGES 15 AND UNDER: At these ages, child clients are considered dependents and confidentiality belongs to the legal parent/guardian(s). It should be explained to a child that there is a difference between privacy and confidentiality; therefore, a child can expect that their communications be kept private unless it is the judgment of the therapist that parents need to be brought in on a particular issue. Examples might include, but are not limited to, safety concerns, family dynamics, or other situations in which the parents may be needed as a resource.

I understand and have discussed any questions.

Parent/Guardian Signature _____ Date _____

CHILDREN OF DIVORCED/SEPARATED PARENTS: Although these situations can be difficult there are certain legal and ethical guidelines that must be followed.

- o Consent for treatment must be obtained from both parents unless sole legal custody is documented. A copy of that document must be provided for my file.
- o Unless sole custody is established, both parents have a right to communicate with me regarding treatment issues. I have the right to communicate with either or both parents regarding treatment issues based on my clinical judgment.
- o Since the child is the client, it is my job to be an advocate for the welfare of the child, not either parent. It is best for the therapeutic process for parents to agree not to subpoena the therapist in the event of a legal proceeding. Unresolved marital conflicts impeding therapeutic progress may require counseling/mediation from another therapist/mediator.

I understand and have discussed any questions.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

ADOLESCENTS AGES 16, 17 AND 18 YEARS OLD: At these ages in South Carolina confidentiality belongs to the client. Teenagers of these ages may still be legally dependent and living at home which means parents are likely paying for therapy. However, I still need written consent from teenage clients to communicate with their parents. I will work towards the important goal of improving communication between teens and their parents in both individual and parent sessions. Please be aware if an adolescent client is engaging in risky behavior I will work toward therapeutic remediation of the problem. The dangerousness of the behavior is a clinical judgment and some circumstances may require me to inform the parent(s). If an adolescent refuses to cooperate with treatment recommendations, it will most likely be necessary to make a referral for other treatment options.

I understand and have discussed any questions.

Client Signature _____ Date _____

Parent Signature _____ Date _____

FAMILY THERAPY: The family is the client so confidentiality belongs to participating family members. No information may be released without the written consent of all parties. It is in the best interest of the therapeutic process to agree not to subpoena the therapist in the event of a legal proceeding. Additionally, information received from any party via phone call or written communication will not generally be kept secret as this impedes the therapeutic process and relationship.

I understand and have discussed any questions

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____