



PARENTAL AGREEMENT FOR CONFIDENTIALITY OF ADOLESCENT SESSIONS

Dear Parent or Guardian,

A young person is more likely to disclose sensitive information to a counselor if he or she is provided with confidential services and has time alone with the counselor to discuss his or her issues. The most practical reason for clinicians to grant confidentiality to an adolescent client is to facilitate accurate and appropriate treatment. Experienced clinicians recognize that candid and complete information can be gathered only by speaking with the adolescent patient alone and by clarifying with whom the information will be shared. If an assurance of confidentiality is not extended, this may create an obstacle to the safe environment of the counseling relationship.

Some areas of teenage health that we may talk about during appointments are:

- Diet, exercise, and body image
- Working/Jobs
- Fighting, danger, and violence
- Depression and stress
- Sexuality and sexual behavior
- Peer pressure and school
- Safety and driving
- Relationships
- Smoking, drugs, and alcohol
- Family life

We encourage teenagers to share information about their emotional and mental health with their parents or guardians. However, there will be some things that your teenage son or daughter would rather talk about exclusively with a counselor.

Work with an adolescent is generally more productive if parents voluntarily agree to not request information about the adolescent's private sessions. We ask your permission to keep what is discussed in our sessions confidential. "Confidential" means we will only share information with you if your teenage son or daughter says it's permissible to do so. The counselor agrees to share with the parent(s) any information which is necessary for the safety of the adolescent.

I agree that the therapist will determine what information, in his professional judgment, is appropriate to be shared with the parent/guardian(s) concerning treatment issues, and what information, in the discretion of the therapist, will remain confidential between my adolescent child and the therapist.

Parental/Guardian Agreement

Date

Consent for Counseling Services to Minors

In order for minor children/adolescents to receive psychological services, it is necessary for the parent or legal guardian to grant permission for such services to occur. Names and date of birth of child(ren) to receive psychological services:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name of person requesting services _____

Your relationship to child(ren): Parent Stepparent Guardian Grandparent Other

Are you legal parent or custodian to above-named children? Yes No

I hereby swear that I have legal right to obtain treatment for the above-named children: Yes No

In instances of divorce, it is essential that the legal custodian of the child(ren) grant permission for the services. If you are a divorced parent, a stepparent, a grandparent, a guardian, or other, you may be asked to provide a copy of the court order which names you the legal custodian of the above children. Are you willing to do so? Yes No

If the answer to any of the above questions is "No," counseling services can not be provided to the above-named child(ren) until a copy of the court order which names you the legal custodian is provided to this office.

I acknowledge that both natural parents, even though divorced, may have a right to obtain from the provider named below information regarding the nature and course of treatment of the child(ren).

- Colorado State law mandates the reporting of certain types of child abuse, including physical abuse, sexual abuse, unlawful sexual intercourse, neglect, emotional and psychological abuse. All actual or suspected acts of child abuse will need to be reported to the appropriate agency.
- This treatment may also include referral to other appropriate State and County agencies for further counseling.

I, _____, consent to Colorado Anger Solutions providing psychological services to the child(ren) named above.

Signature of person authorizing consent

Date