

CONSENT FOR THE PROVISION OF SERVICES TO A MINOR

I/We, _____ parent/guardian

_____ parent/guardian

Please list your child by name and birthdate:

Child's Name: _____ DOB: _____

Prior to beginning treatment, it is important for you to understand that Shanna Larson-Paola, LMFT's approach to child assessment and therapy, and to agree to some rules about your child's confidentiality during the course of his/her treatment. The information herein is in addition to the information contained in the PSYCHOTHERAPIST- PATIENT SERVICES AGREEMENT (HIPAA) Notice of Privacy Practices. Under HIPAA and the AAMFT Ethics Code, we are legally and ethically responsible to provide you with informed consent.

Consent. Although having only one parent's consent for assessment and/or treatment may be legal, it is the preferred practice of this office to obtain consent from both parents, regardless of the custodial arrangement, before an assessment or treatment begins with a minor. In any custodial arrangement, both parents have the right to contact and meet with the therapist regarding their child's assessment or treatment progress (unless otherwise indicated by the courts). In turn, the therapist has the right to contact both parents to share critical information and to seek supportive information.

In some situations, disagreement between parents and/or disagreement between parents and the therapist may arise regarding the best interests of the child. If such disagreements occur, the therapist will strive to listen carefully to understand the parents' perspectives, and to fully explain the therapist's perspective. These disagreements may be resolved, or parents and therapist may agree to disagree, so long as this enables the child's therapeutic progress. Ultimately, parents will decide whether therapy will continue. If either parent decides that therapy should end, the therapist will honor that decision; however, parents are asked to allow the therapist the option of having a few closing sessions to appropriately end the treatment relationship.

Minor Confidentiality for Therapy. In the case of child therapy, it 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. It is often necessary, however, 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. By signing this agreement, you will be waiving your right of access to your child's treatment records.

Please Initial: _____ Please Initial: _____

It is the policy of Shanna Larson-Paola, LMFT to provide you with general information about your child's (i.e. 12 years and younger) treatment status and to encourage teenage children to share directly with their parents. Your child's therapist will raise issues that may be affecting your child either inside or outside the home. If it is necessary to refer your child to another mental health professional with more specialized skills, the therapist will share that information with you. The therapist will not share with you what your child has disclosed to him/her without your child's assent. The therapist will encourage your child to regularly provide you with a summary that will describe what issues were discussed, what progress was made, and what areas are likely to require intervention in the future. In addition, the therapist will periodically request that you provide supportive information in order for him/her to best help your child and the family.

If your child is an adolescent, it is possible that he/she will reveal sensitive information regarding sexual contact, alcohol and drug use, or other potentially problematic behaviors. Sometimes these behaviors are within the range of normal adolescent experimentation, but at other times they may require parental intervention. We must carefully and directly discuss your feelings and opinions regarding acceptable behavior. If the therapist ever believes that your child is at serious risk of harming him/herself or another, they will inform you. Examples of serious risk would include a plan to harm self or suicidal ideation which is intensifying.

If you are participating in therapy with your child, you should expect the clinician to request that you examine your own attitudes and behaviors to determine if you can make positive changes that will be of benefit to your child.

Agreement Not to Involve Therapist in Custody Disputes. When parents bring their children for psychological therapy, it is important that both parents consent to treatment knowing that the role of the clinician is as the child (or family) therapist, and not as an "expert witness." Although the therapist's responsibility to your child may require his/her involvement in conflicts between the parents, you agree that the therapist's involvement will be strictly limited to that which will benefit your child. This means that you agree not to involve the therapist in any custody or visitation disputes, as this would not be in the best interest of your child's relationship with the therapist, and would be counterproductive to the therapeutic process. In particular, you agree not to involve the therapist in court proceedings regarding any treatment of your child now or in the future, nor to ask the therapist to share your child's records regarding any such proceedings. You also agree to instruct your attorneys not to subpoena the therapist, or to refer in any court filing to anything the therapist has said or done.

Note that such agreement may not prevent a judge from requiring the therapist's testimony, even though the therapist will work to prevent such an event. If the therapist is required to testify, he/she is ethically bound not to give an opinion about either parent's custody or visitation suitability. If the court appoints a custody evaluator, guardian ad litem, or parenting coordinator, the therapist will provide information as needed (if both parents sign appropriate releases), but the therapist will not make any recommendation about the final decision.

Please Initial: _____ Please Initial: _____

Furthermore, if the therapist is required to appear as a witness, the party responsible for the therapist's participation agrees to reimburse Shanna Larson-Paola, LMFT, at the rate of \$300 per hour, in addition to the normal fee, for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

In signing this agreement, I acknowledge that there is a difference between the roles of treating therapist and expert witness, and I agree not to subpoena the therapist, or the therapist's records, for use in litigation. I understand that the boundary between treating therapist and expert witness is necessary to maintain the integrity of the therapeutic relationships established in therapy.

_____	_____	_____
Parent's Signature	Parent's printed name	Date

_____	_____	_____
Parent's Signature	Parent's printed name	Date