

ADOLESCENT INFORMED CONSENT FORM

Privacy Of Information Shared In Counseling/Therapy: Your Rights And Pearl Vitality Policies

WHAT TO EXPECT:

Information discussed in counseling will remain private and confidential.

However confidentiality cannot be maintained when:

- You plan to cause serious harm or death to yourself, and the therapist believes you have the intent and ability to carry out this threat in the very near future. The therapist must take steps to inform a parent or guardian of what you have told and how serious this threat to be. The therapist must make sure that you are protected from harming yourself.
- You plan to cause serious harm or death to someone else who can be identified, and the therapist believes you have the intent and ability to carry out this threat in the very near future. In this situation, the therapist must inform your parent or guardian, and the therapist must inform the person whom you intend to harm.
- You are doing things that could cause serious harm to you or someone else, even if you do not intend to harm yourself or another person. In these situations, the therapist will need to use my professional judgment to decide whether a parent or guardian should be informed.
- You tell the therapist you are being abused-physically, sexually or emotionally-or that you have been abused in the past. In this situation, the therapist is required by law to report the abuse to the Virginia Department of Social Services.
- You are involved in a court case and a request is made for information about your counseling or therapy. If this happens, the therapist will not disclose information without your written agreement unless the court requires the therapist to. The therapist will do all they can within the law to protect your confidentiality, and if The therapist am required to disclose information to the court, The therapist will inform you that this is happening.

COMMUNICATING WITH YOUR PARENT (S) OR GUARDIAN (S):

Except for situations such as those mentioned above, the therapist will not tell your parent or guardian specific things you share with me in our private therapy sessions. This includes activities and behavior that your parent/guardian would not approve of — or would be upset by — but that do not put you at risk of serious and immediate harm. However, if your risk-taking behavior becomes more serious, then the therapist will need to use professional judgment to decide whether you are in serious and immediate danger of being harmed. If the therapist feels that you are in such danger, the therapist will communicate this information to your parent or guardian.

If the therapist has agreed to keep information confidential – to not tell your parent or guardian – The therapist 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 will help you find the best way to tell them. Also, when meeting with your parents, the therapist may sometimes describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you.

(You should also know that, by law in Virginia, your parent/guardian has the right to see any written records the therapist keeps about sessions. It is extremely rare that a parent/guardian would ever request to look at these records.)

ADOLESCENT CONSENT FORM AND 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 _____

PARENT/GUARDIAN:

Check box and sign below indicating your agreement to respect your adolescent's privacy:

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.

I understand that I will be informed 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/supervisor.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Therapist Signature _____ Date _____