

Consent for Treatment of a Juvenile

Any child under the age of 18 who is seen in this office must have his or her parent or legal guardian sign this consent for treatment form.

Please be advised: generally, children under the age of 18 do not legally have a right to confidentiality from their parents/legal guardians. This means that parents have a legal right to their children's files. However, I want to stress that a very important part of what makes therapy work is when clients (i.e., children) know that the information they choose to share will be kept private. Therapy is often a safe place for children to process things in their lives that are scary or uncomfortable to share with the adults who take care of them. If children feel that they can expect a reasonable amount of privacy in the therapy room, they are much more likely to make progress. I ask that parents respect this and not ask children questions about what happened in their therapy sessions, but rather let children bring it up if they choose to. It is also important that both you (the caretaker) and the child understand the limits of confidentiality. In the event that the child shares something during the course of therapy that is necessary for the parent to know (such as a safety issue), I will let the child know that it is something I have to share with the parents and then I will inform the parent about the issue. Also, all of the legal limits of confidentiality apply. Part of the first session will be dedicated to answering questions about these limits and deciding what level of privacy is appropriate for your particular situation.

I, _____, give consent for treatment for _____
(parent/guardian) (child)
to be seen for therapy at Highest Heights Individual and Family Therapy. I confirm that I have legal custody of this child and have the right to authorize treatment for this minor.

In the case that there is any type of alternative custody situation, Highest Heights Individual and Family Therapy requires that the client provide written documentation of the custody agreement. Often times, in the case of separation, divorce, or alternative living situations, agreements require me to have consent from more than one parent or legal guardian. If a second adult is required to consent for this child's treatment please do so below:

I, _____, give consent for treatment for _____
(parent/guardian) (child)
to be seen for therapy Highest Heights Individual and Family Therapy. I confirm that I have legal custody of this child and have the right to authorize treatment for this minor.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Therapist Signature

Date