

MINOR ASSENT TO TREATMENT

Minor therapy client:

Therapy is a great way to work on problems or concerns relevant to you and your family. An important part of successful treatment includes being open and honest with your therapist, and trying out the things we talk about in session in your daily life.

Your therapist will make every effort to be clear about your privacy. Typically, your therapist will share only general information with your parents/caretakers, such as whether you attended sessions and if you appear to be participating in treatment. Unless one of the specific situations your therapist discussed with you comes up (i.e., issues of child abuse, wanting to hurt yourself or others, very risky behavior, or court proceedings), your therapist will keep the specifics of your treatment private. Sometimes you and your therapist may agree to involve your parents/caretakers in treatment or to consult with them to get more information. You should also know it is legal in Colorado for parents/caretakers to access your treatment records.

You may request a full copy of the "Treatment Information for Minors" form to read over the information your therapist went over with you at the start of therapy.

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:

Initial the points below and include your signature at the bottom to indicate your agreement to respect your child'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.

Although I know I have the legal right to request treatment records since my child is a minor, I agree NOT to request these records unless absolutely necessary in order to respect the confidentiality of my child's treatment.

I understand that I will be informed about situations that could seriously endanger my child. I know this decision to breach confidentiality in these circumstances is up to the therapist's professional judgment.

Parent/Caregiver Signature _____ Date _____

Parent/Caregiver Printed Name _____

Parent/Caregiver Signature _____ Date _____

Parent/Caregiver Printed Name _____