



Adolescent Consent Form & Parent Agreement to Respect Privacy

Please read this important information about counseling services. Please feel free to discuss any questions that you have about this information with your counselor.

I. GENERAL INFORMATION

Positive results from counseling are most often achieved by the counselor and the client working as a team. Your counselor will work diligently to help to identify your concerns, clarify your unique goals, and facilitate the therapy process. Your contribution to your counseling will be to do the hard work of expressing thoughts and feelings and to make the effort necessary to overcome problems.

Benefits and Risks of Counseling:

Benefits of counseling include improved emotional health and wellbeing, clearer understanding of yourself, improved relationships, improved academic performance, and an improved ability to cope with stress. Additional benefits include a fuller awareness of thoughts, feelings, and beliefs and the ability to use those to make decisions. Possible risks of participating in counseling include temporary emotional discomfort, awareness of the need to make decisions that may be life changing, changes in relationships with others, and little to no improvement in symptoms.

II. CLIENT RIGHTS

Eligibility and Referrals:

If services do not meet your needs you will be provided with a referral to an agency that can help you.

Confidentiality:

All communication between counselor and client becomes part of the clinical record, and records are confidential. You may request in writing that the counselor release information about your counseling to persons you designate. If you participate in mandatory counseling you will be asked to sign a release allowing your counselor to release limited information to those with a need to know.

Exceptions to Confidentiality:

- If there is evidence of a clear and imminent danger of harm to self and/or others, your counselor may report this information to authorities responsible for ensuring safety.
- If your counselor learns of or suspects physical or sexual abuse or neglect of any person under 18 years of age, the elderly, the disabled, or sexual exploitation by a mental health worker, your counselor must report this information to the appropriate agencies.
- A court order, issued by a judge, may require release of information contained in records and/or require your counselor to testify in a court hearing.
- Your counselor may consult with other counselors to provide the best possible care. These consultations are for professional purposes.

I have read the above Counseling Center information. This information has been reviewed with me by my counselor and I was provided with an opportunity to ask questions. I have been provided with a written copy of this information. I am giving my informed consent to receive services at Wandering Lotus Counseling.

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 boxes 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.
- Although I know I have the legal right to request written records/session notes since my child is a minor, I agree NOT to request these records in order to respect the confidentiality of my adolescent's treatment.
- 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.

Parent Signature

Date

Parent Signature

Date

Therapist Signature

Date