

## **YOUTH CLIENT-THERAPIST AGREEMENT**

**Date:** \_\_\_\_\_

Welcome! This document contains important information about my therapy and confidentiality practices for youth. Although this is long and sometimes complex, it is very important that you understand them so we can have shared understanding and trust. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign it or at any time in the future.

### **COUNSELING SERVICES**

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. As your therapist I have responsibilities to you. These rights and responsibilities are described in the following sections. Your parents have been given more detailed information and you are welcome to discuss this more thoroughly with them.

Therapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of therapy often requires discussing unpleasant aspects of your life. Therapy has been shown to have benefits for individuals who undertake it. Therapy often leads to less intense feelings of distress, increased satisfaction in relationships, greater personal awareness and insight, increased skills for managing stress and solutions to specific problems.

You need to know there are no guarantees about what will happen. Therapy requires a very active effort on your part. I understand that this may be difficult, especially if you have been made to attend by a parent, school, or other authority. In order to be most successful, we will both have to work on things we discuss in and outside of sessions.

For most people, knowing that what they say will be kept private helps them feel more comfortable and creates more trust with their counselor or therapist. Privacy, also called confidentiality, is an important and necessary part of counseling.

### **CONFIDENTIALITY**

I will not share information about you outside of therapy, even the fact that you are my client, without your consent. While privacy in therapy is crucial to successful progress, involvement by other adults may, at times, be necessary and helpful.

**PARENTS:** Parental involvement can be essential. We will work together to figure out when and how parents need to be included in our conversations.

If you are 12 or under, it is my policy to provide therapy if you agree that I can share information I consider necessary with a parent. When possible I will discuss this with you in advance.

If you are 13 or older, I request an agreement between you and your parents allowing me to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require your agreement. I 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 I will need to use my professional judgment to decide whether you are in serious and immediate danger of being harmed. If I feel that you are in such danger, I will communicate this information to your parent or guardian. I will always inform you first if I feel it is necessary to talk with your parents.

By law, I will need to talk with your parents- with or without your consent- if you threaten to hurt yourself, threaten to hurt someone else, or share that someone is emotionally or physically hurting you. I will always inform you first if I feel it is necessary to talk with your parents. You should also know that, by law, your parent/guardian has the right to see any written records I keep about our sessions. It is extremely rare that a parent/guardian would ever request to look at these records.

**SCHOOL:** I will not share any information with your school unless I have your permission and permission from your parent or guardian. Sometimes I may request to speak to someone at your school to find out how things are going for you. Also, it may be helpful in some situations for me to give suggestions to your teacher or counselor at school. If I want to contact your school, or if someone at your school wants to contact me, I will discuss it with you and ask for your written permission.

DOCTORS: Sometimes your doctor and I may need to work together; for example, if you need to take medication in addition to seeing a counselor or therapist. I will get your written permission and permission from your parent/guardian in advance to share information with your doctor.

## WHAT TO EXPECT

The first 2-4 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should think about this information and make your own judgement about whether you feel comfortable working with me. At that point we will inform your parents of the treatment goals. If you have questions about how I do things, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

APPOINTMENTS. Appointments will ordinarily be 50 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours notice. Please see my cancellation and missed appointments policy for more detailed information. If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

CONTACTING ME. I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my voicemail or text me on my confidential number and your message will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) Talk to another safe adult, 2) go to your local Hospital Emergency Room, or 3) call 911 and ask to speak to the mental health worker on call. Please see my Social Media Policy for more detailed information on others forms of communication. I will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering my practice.

**STATEMENT OF UNDERSTANDING: CONSENT TO PSYCHOTHERAPY**

Your signature below shows that you understand this agreement and are willing to actively participate in therapy. Your parents have access through my website to learn more about your privacy and client rights regarding the Health Insurance Portability and Accountability Act (HIPAA). You may ask them or me if you have any questions now or in the future.

Printed name of client 1 \_\_\_\_\_

Signature of client 1 \_\_\_\_\_

Printed name of client 2 \_\_\_\_\_

Signature of client 2 \_\_\_\_\_