

ADDENDUM FOR TREATMENT INVOLVING MINORS, DEPENDENT ADULTS, OR COUPLES

FAMILY AND COUPLES THERAPY

For family and couples therapy, the family/couple as a whole is considered the client. While there may be a specific focus on a particular member of a family (e.g., the child), for purposes of confidentiality and record keeping, the family is the client.

Therefore, any information shared by any member of the family/couple may be brought up in future sessions, and we cannot guarantee that information shared with the therapist by one of you will be kept confidential from the other(s). Any record keeping for family/couples therapy is kept in a single file. Because the file may contain information about multiple adults, written permission from all adults capable of providing consent who are part of the family/couple therapy is necessary to release information to any party. The only exceptions to this policy occur in those circumstances outlined in the consent above – when we are required by law or ethical code to break confidentiality (e.g., any member is a danger to self or others, evidence of child abuse/neglect, etc.).

There may be conflicting goals to be addressed among family/couple members. The objective of therapy is for everyone's goals to be addressed. Differences between each member's goals will be discussed during therapy.

You should also understand that services provided to couples and families, and the information included in your clinic record, are not suitable for child custody or divorce proceedings that you may be pursuing now or in the future. Psychological assessments and reports for child custody and divorce proceedings are forensic services that require specialized training. We do not offer forensic services at the Center.

THERAPY WITH MINORS OR DEPENDENT ADULTS

Our primary aim is to work collaboratively with parents/caretakers to improve the well-being of a minor/dependent adult who is in treatment. Thus, we frequently ask that parents/caretakers participate in therapy and engage in certain activities between sessions.

There are other times, however, when we meet primarily with the minor/dependent adult. The nature of confidentiality between a minor/dependent adult and the therapist will depend on several factors.

When minors/dependent adults are treated individually, the confidential relationship between a minor/dependent adult and his/her therapist is an essential part of effective treatment. Therefore, we ask parents/caretakers to allow privacy in treatment. The specific content of sessions will remain confidential, between the minor/dependent adult and the therapist, except when the therapist learns the minor/dependent adult is at risk for a lethal/high risk activity, is suicidal or is homicidal. However, unemancipated clients under 18 years of age and their parents should be aware that the law may allow parents to examine their child's treatment records unless we determine that access would have a detrimental effect on the professional relationship with the client, or to his/her physical safety or psychological well-being.

As a general rule, we ask parents/caretakers to agree that during treatment, parents will be provided only with general information about the progress of the treatment, and attendance at scheduled sessions. Any other communication will require the minor/dependent adult's permission.

FOR ANY TREATMENT INVOLVING MINORS

We believe it is important that all custodial guardians consent to treatment for the child, and are aware of the child's participation in treatment. While we only require one parental signature to begin treatment with the child (unless otherwise ordered by the court), we reserve the right to contact the other custodial guardian to inform them of treatment, request information, etc. When one custodial guardian requests an end to therapy, we must abide by this request, unless it is otherwise ordered by a court.

SIGNATURE

By signing and initialing below, I agree to abide by the information presented in this addendum to the consent form.

Client Signature _____
Printed Client Name _____

Date Signed ___/___/___

Client Signature _____
Printed Client Name _____

Date Signed ___/___/___

Therapist's Signature _____
Printed Therapist Name _____

Date Signed ___/___/___

Therapist's Signature _____
Printed Therapist Name _____

Date Signed ___/___/___