



Licensed Professional Counselor
Registered Play Therapist

Child Therapy Parent Contract

Prior to your child beginning treatment, it is important for you to understand my approach to child counseling and play therapy and agree to some rules about your child's confidentiality during the course of his/her treatment. The information herein is in addition to the information contained in the Informed Consent Agreement. Under HIPAA and the ACA Ethics Code, I am legally and ethically responsible to provide you with informed consent. As we go forward, I will try to remind you of important issues as they arise.

One risk of child therapy involves disagreement among parents and/or disagreement between parents and therapist regarding the best interests of the child. If such disagreements occur, I will strive to listen carefully so that I can understand each parent's perspectives and fully explain my perspective. We can resolve such disagreements or we can agree to disagree, so long as this enables your child's therapeutic progress. Ultimately, you will decide whether therapy will continue. If either of the child's parents decides that therapy should end, I will honor that decision; however, I ask that you allow me the option of having a few closing sessions to appropriately end the treatment relationship.

Therapy is most effective when a trusting relationship exists between the therapist and the client. Privacy is especially important in securing and maintaining that trust. One goal of treatment is to promote a stronger and better relationship between children and their parents. However, it is often necessary for children to develop a "zone of privacy" whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. By signing this agreement, to the extent permitted by law, you are waiving your right of access to your child's treatment records except for what the child chooses to share with you at the end of each session.

It is my policy to provide you with general information about treatment status. I will raise issues that may impact your child either inside or outside the home. If it is necessary to refer your child to another mental health professional with more specialized skills, I will share that information with you. I will not share with you what your child has disclosed to me without your child's consent. I will tell you if your child does not attend sessions.

If your child is an adolescent, it is possible that he/she will reveal sensitive information regarding sexual contact, alcohol and drug use, or other potentially problematic behaviors. Sometimes these behaviors are within the range of normal adolescent experimentation, but at other times they may require parental intervention. We must carefully and directly discuss your feelings and opinions regarding acceptable behavior. If I ever believe that your child is at serious risk of harming him/herself or another, I will inform you.

Please note that to the extent permitted by law, I will only provide the foregoing information to the parent(s) who sign this Child Therapy Parent Contract, and only in those limited circumstances described above. Any parent who refuses to sign below will not be entitled to receive any patient or treatment information; however, such information may be provided to such a parent in my sole professional discretion.

Although my responsibility to your child may require my involvement in conflicts between the two of you (as the child's parents), I need your agreement that my involvement will be strictly limited to that which will benefit your child. This means, among other things, that you will treat anything that is said in session with me as confidential. Neither parent will attempt to gain advantage in any legal proceeding between the parents from my involvement with your child(ren). In particular, by signing below, to the extent permitted by law, you waive your right to call me to testify in court in any legal proceedings, whether in person or by affidavit, and you agree to instruct your attorneys not to subpoena me or your child(ren)'s treatment records or to refer in any court filing to anything I have said or done. Please be advised that unless there is a legal waiver of privilege, I will only testify as required by law.

Note that such agreement may not prevent a judge from requiring my testimony, even though I will work to prevent such an event. If I am required to testify, I am ethically bound not to give my opinion about either parent's custody or visitation suitability. If the court appoints a custody evaluator, guardian ad litem, or parenting coordinator, I will provide information as needed (if appropriate releases are signed or a court order is provided), but I will not make any recommendation about the final decision. Furthermore, if I am required to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of \$120.00 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

Signature of Client (if over 10 years of age)

Date

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date