

INFORMED CONSENT TO CHILD/ADOLESCENT PSYCHOTHERAPY

This form documents that we, _____, the parents or legal guardians of _____ give our consent and agreement to the counselor _____ to provide treatment to our child, and to include us, if necessary, as adjuncts in the child's treatment.

The parent, guardian or court appointed representative who brings a child for treatment should provide consent. Custody documentation is required as part of the patient intake. If there is no court documentation then a signed consent from both parents is required.

While the parents can expect benefits from this treatment for the child, they fully understand that no particular outcome can be guaranteed. The parents/guardians understand that children have the best outcome and benefit from counseling if parents/guardians are involved, cooperate with each other, and with the counselor, and are consenting to therapy and the following:

1. Each of the parents agrees that they will not end the child's therapy without mutual agreement. If the parents disagree about the child's therapy, they will try to come to an agreement before ending the child's therapy.
2. Each parent agrees to cooperate with the treatment plan. Without mutual cooperation the therapist may not be able to act in the child's best interest and may have to end therapy.
3. The parents agree that each has the right to information about the child's treatment and records regarding the child and agree that the counselor may release information or records to either parent without any additional authorization.

The parents understand that counseling can sometimes cause upsetting feelings to emerge, and that the child's problems may worsen temporarily before improving. The parents have fully discussed with the counselor what is involved in counseling, understand and agree to the policies, scheduling, fees, and missed appointments.

The parents understand that the counselor cannot provide emergency service. In the event of an emergency call 911, or go to the nearest Emergency Department.

When a third party joins the child session the parents/guardians are aware that the third party is not the client and there is no confidentiality between the counselor and the third party.

The parents understand that information about counseling is almost always kept confidential by the counselor and not revealed to others beside the parents/guardians unless a parent/guardian signs a release of information. Cindy Thompson is a mandated reporter in the state of Ohio, and there are exceptions to confidentiality that must be reported to the proper authorities.

1. The counselor is required by law to report suspected child abuse or neglect.
2. If a child threatens to harm him or herself, or another person, the counselor must try to protect the child and/or endangered person, including informing the police, the person, and other healthcare professionals.
3. If a child is involved in court proceedings the counselor may be required by law to provide records about the child's treatment.
4. If the parents and child's health insurance will be reimbursing, or paying the counselor directly, information about the child's treatment will be required.

The person bringing the child to the appointment is responsible to communicate with a parent(s) or guardian(s) who may not be participating in the therapy process. Any questions or concerns a parent or guardian may have will need to be addressed with the counselor by the person accompanying your child to therapy.

The front desk can help with questions regarding scheduling and concerns.

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COURT/LEGAL CONCERNS:

Cindy Thompson's position at American Health Network is a treatment specialist. Cindy Thompson cannot and will not be a part of taking sides in legal disputes, and will not be able to give any opinion regarding custody/visitation. She recommends forensic therapists who are able and appropriate to conduct the necessary evaluations if you are in need of custody, or legal assistance. The parents agree, that in the event that custody of or visitation with the child be contested in a legal proceeding, neither parent nor their attorneys will require Cindy Thompson to testify at any proceedings because doing so would negatively impact the child's treatment. The parents agree to respect the counselor's role and ethics under Ohio Revised Code Chapter 4757-6 Ethical Practice.

SAME DAY CANCELLATIONS OR MISSED APPOINTMENTS:

The policy for cancellations for therapy appointments is 24 hours prior notice to cancel the scheduled appointment. There are extenuating circumstances for this policy as situations arise. One option to keep in mind is Video/Teletherapy availability to avoid missing an appointment.

If you have missed more than **TWO** appointments, due to not showing up for a scheduled appointment, or not calling 24 hours prior to the appointment to cancel, the next appointment you schedule will be limited to 25 minutes in length. After **THREE** appointments of not calling at least 24 hours prior to cancellation you will be placed on a waiting list; when a cancellation arises, you will be contacted and offered a same day appointment at that time.

The parents/guardians agree that they are to contact their insurance company to confirm what their financial responsibilities for co-payments and deductibles are prior to making appointments with the counselor. The parents/guardians agree that they are aware of the number of sessions approved by their insurance. The parents/guardians understand that they are financially responsible for treatment, including any fees not reimbursed by their health insurance.

In the chance that this agreement is broken by the parent/guardian, Cindy holds the right to terminate services. Therapy for your child will be available for 30 days following the date of the termination notification. This is to provide reasonable time to find another counselor.

By signing below, the parents/guardians are indicating that they have read and understood this agreement, that they give their consent for treatment of the child, that they have the proper legal status to give consent for treatment for the child, and that they are identifying their child as the client.

Signature _____ Date: _____
(Of parent/legal guardian)

Signature _____ Date: _____
(Of parent/legal guardian)

Signature _____ Date: _____
(Of child over 12 years of age)