

AGREEMENT FOR MEETINGS WITH MY THERAPIST: PSYCHOTHERAPY AGREEMENT WITH A MINOR

Note to therapist: This form is intended to be used with older children or teens as a means to introduce the concept of confidentiality in therapy.

Date: _____

This agreement is between _____ (*name of child/teen*) and
_____ (*name of therapist*).

I, _____ (*name of child/teen*), agree to meet with _____ (*name of therapist*). I understand we will usually meet one time a week, and our meetings will last about 50 minutes. When we meet, we may talk, play games, or do other things to help my therapist get to know me better and understand my problems, strengths, and goals.

I understand that my parent or my guardian has a right to know about how I am doing in therapy. I agree that my therapist may talk with my parent/guardian to discuss how I am doing. They may also talk about concerns and worries they may have about me, or about things the therapist and I decide my parent/guardian needs to know. Sometimes my therapist may meet with my parent/guardian without me. At other times we may all meet together.

The things I talk about in my meetings with my therapist are private. I understand my therapist will not tell others about the specific things I tell him/ her. He/ she will not repeat these things to my parent/guardian, my teachers, the police, or probation officers – with two exceptions. First, the law requires the therapist to tell others what I have said, if I talk about seriously hurting myself or someone else. My therapist will have to tell someone who can help protect me or the person I have talked about hurting. Second, if I am being seriously hurt by anyone, my therapist has to tell someone for my protection.

I understand that sometimes I may not feel good about the things my therapist and I talk about in our meetings. I may feel uncomfortable talking to my therapist because I don't yet know him/her very well. I may feel embarrassed talking about myself. Some of the things we talk about may make me feel angry or sad. Sometimes coming to meetings may interfere with other activities I enjoy more. But I also understand that coming to therapy should help me in the long run.

I may develop trust in my therapist and talk about things that I can't talk about to anyone else. I may learn some new, important, and helpful things about myself and others. I may learn some new and better ways of handling my feelings and problems. I may feel less worried or angry and come to feel better about myself.

Any time I have questions or am worried about the things that are happening in therapy, I know I can ask my therapist. He/she will try to explain things to me in a way that I can understand. I also know that if my parent/guardian has any questions, my therapist will try to answer them.

I understand that my parent/guardian can stop my therapy if he or she thinks that is best. If I decide therapy is not helping me and I want to stop, my therapist will discuss my feelings with me and with my parent/guardian. I understand that the final decision about stopping is up to my parent/guardian.

My signature below means that I have read this agreement, or it has been read to me. I understand what this agreement says and agree to act according to it.

Name of Child/Teen: _____

Signature of Child/Teen: _____

Date: _____