

Child Therapy Contract

Prior to beginning treatment, it is important for you to understand my approach to child therapy and agree to some rules about your child's confidentiality during treatment. Under HIPAA and the _____ Ethics Code, I am legally and ethically responsible to provide you with informed consent. My **Informed Consent Form** has been provided to you and this document covers additional consent issues specific to minors in therapy.

It is essential that approval of both parents is obtained to provide services to children. 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 to understand the parents' perspectives and fully explain my perspective. We can resolve such disagreements, or we can agree to disagree, if this supports the child's therapeutic progress. Ultimately, the parents will decide whether therapy will continue. If either parent decides that therapy should end, I will honor that decision; however, I ask that you allow me the option of conducting a final session 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 healthier 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, you will be waiving your right of access to your child's treatment records.

It is my policy to provide you with general information about treatment status. We 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 in session without your child's consent. I will tell you if your child does not attend sessions. At the end of your child's treatment, you will be provided with a treatment summary that describes what issues were discussed, what progress was made, and what areas are likely to require intervention in the future.

If your child is an adolescent, it is possible they 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. If I ever believe your child is at serious risk of harming themselves or another person, you will be immediately informed.

Although my responsibility to your child may require involvement in conflicts between the two of you, I require your agreement that involvement will be strictly limited to that which will benefit your child. This means, among other things, that you will treat anything said in session as confidential. Neither parent will attempt to gain advantage in any legal proceeding from my involvement with your child. I require your agreement that in any such proceedings, neither parent will ask me to testify in court, whether in person, or by affidavit. You also agree to

instruct your attorneys not to subpoena me or to refer in any court filing to anything we have said or done.

Note that such an agreement may not prevent a judge from requiring my testimony, even though we will attempt 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.

If I am required to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of \$ _____ per hour for time spent traveling, preparing reports, testifying, attending court dates, and any other case-related costs.

Parent #1 Printed Name

Date

Parent #1 Signature

Parent #2 Printed Name

Date

Parent #2 Signature

Therapist Printed Name

Date

Therapist Signature