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## **Agreement Regarding Minors**

The involvement of adolescents in therapy can be highly beneficial to their overall development. At times, it is best to see them with parents and other family members; at times, they are best seen alone. I will assess which might be best for your child and make recommendations to you. Obviously, the support of all the child's caregivers is optimal, as well as their understanding of the basic procedures involved in counseling adolescence.

The general goal of involving adolescents in therapy is to foster their development at all levels. At times, it may seem that a specific behavior is needed, such as to get the child to obey or reveal certain information. Although those objectives may be part of overall development, they may not be the best goals for therapy. Again, I will evaluate and discuss these goals with you, and/or adolescent.

Because my role is that of the child's therapist, I will not become involved in legal disputes or other official proceedings unless compelled to do so by a court of law. Matters involving custody and mediation are best handled by another professional who is trained in those areas rather than by the child's therapist role.

The issue of confidentiality is critical in treating adolescents. When they are seen with adults, what is discussed is known to those present and should be kept confidential except by mutual agreement. Adolescents seen in individual sessions (except under certain conditions) are entitled to confidentiality. Unless adolescents trust they have privacy in speaking with a therapist, the benefits of therapy may be lost. Therefore, it is necessary to work out an arrangement in which the minor feels that their privacy is being respected, at the same time that parents have access to critical information. This agreement must have the understanding and approval of the adolescent in therapy.

This agreement regarding treatment of minors has provisions for inserting individual details, which can be supplied by both the child and the adults involved. However, it is first important to point out the exceptions to this general agreement. The following circumstances override the general policy that adolescents are entitled to privacy.

- Confidentiality and privilege are limited in cases involving child abuse, neglect, molestation, or danger to self. In these cases, the therapist is required to make an official report to the appropriate agency and will attempt to involve parents as much as possible, as assessed by the therapist.
- Minors may independently enter into therapy and claim the privilege of confidentiality
  in cases involving abuse or severe neglect, molestation, pregnancy, or communicable
  diseases, and when they are on active military duty, married, or officially emancipated.
   They may seek therapy independently for substance abuse, danger to self or others, or a
  diagnosed mental disorder.
- Any evaluation, treatment, or reports ordered by, or done for submission to a third
  party such as a court or a school is not entirely confidential and will be shared with
  that agency with your specific written permission and that of the adolescent. Please
  also note that I do not have control over information once it is released to a third
  party.

Now that the various aspects surrounding confidentiality have been stated I,

(name)	(relationship to child)
agree that my/our child/children:	
(name)	
(name)	
(name)	

should have privacy in his/her/their therapy sessions, and I agree to allow this privacy except in extreme situations, which I will discuss with the therapist.

I will do my best to ensure that therapy sessions are attended and will not inquire about the content of sessions. If my child prefers/children prefer not to volunteer information about the sessions I will respect his/her/their right not to disclose details. Basically, unless my adolescent has been abused or is a clear danger to self or others, the therapist will normally tell me only the following:

- Whether sessions are generally attended
- Whether or not my adolescent is generally participating
- Whether or not progress is generally being made in accordance with the adolescents' goal(s)

The preferred procedure for discussing issues that are in my child's therapy are joint sessions including my child, the therapist, and me and perhaps other appropriate adults. This decision will be made by my adolescent and the therapist. If I believe there are significant health or safety issues that I need to know about, I will contact the therapist and attempt to arrange a session with my child present. I understand my child may not choose to have sessions with me. Similarly, when the therapist determines that there are significant issues that should be discussed with parents, every effort will be made to schedule a session involving the parents and the child(ren), again with permission. I understand that if information becomes known to the therapist and has a significant bearing on the child's well-being, the therapist will work with the person providing the information to ensure that a parent or designated responsible adult is aware of it. In other words, the therapist will not divulge secrets except as mandated by law, but may encourage the individual who has the information to disclose it for therapy to continue effectively.

Parent Signature Parent Signature	Date
	Date
Minor(s): Please make any additional mo	difications as desired:
NA'	D.A.
Minor Signature	Date
Minor Signature	Date
Minor Signature	Date
Therapist Signature	 Date