



MORNING STAR
COUNSELING, LLC
EST. 2010

Adolescent Informed Consent

Privacy of Information Shared in Counseling/Therapy: Your Rights and My Policies

The purpose of meeting with a counselor or therapist is to get help with problems in your life that are bothering you or that are keeping you from being successful in important areas of your life. You may be here because you wanted to talk to a counselor or therapist about these problems. You may be here because your parent, guardian, doctor or teacher had concerns about you. When we meet, we will discuss these problems. I will ask questions, listen to you, and suggest a plan for improving these problems. It is important that you feel comfortable talking to me about the issues that are bothering you. Sometimes these issues will include things you don't want your parents or guardians to know about. For most people, knowing that what they say will be kept private helps them feel more comfortable and have more trust in their counselor or therapist. Privacy, also called confidentiality, is an important and necessary part of good counseling.

We do not specialize in custody evaluations or make recommendations regarding parenting fitness. At no time will your therapist provide a final opinion or determination regarding custody arrangements for your child(ren).

CONSENT

The State of Pennsylvania requires the consent of one parent for minors under that age of 14 when the biological parents or legal guardians are married. When separated or divorced, the state of Pennsylvania requires consent of both parents (or guardians) for children under the age of 14 to consent to treatment, unless there is a legal document giving one caregiver sole custody of the child. Adolescents age 14 or older can provide their own consent to treatment. If you have concerns regarding obtaining consent from both legal guardians, please contact Morning Star Counseling as soon as possible to discuss this issue.

MEETING ATTENDANCE

Sometimes parents and or other immediately family members may be participating in part or all of the client's sessions. Clients will plan with their therapist who will attend each therapy session. Should a parent or guardian request a special meeting with only the therapist and not the client, please be aware that insurance may not provide payment for this meeting and that you may be asked to cover the cost of this session on your own. You and your child's therapist can discuss these arrangements prior to scheduling this type of meeting. Meeting with your child's therapist alone will require your child's consent and his/her awareness of the issues being discussed.

Please note that we do not have a supervised waiting room, and therefore children who are not directly involve in treatment should not come unsupervised

CONFIDENTIALITY

As a rule, we will keep the information you share with me in our sessions confidential, unless I have your written consent to disclose certain information. There are, however, important exceptions to this rule that are important for you to understand before you share personal information with your therapist. In some situations, we are required by law or by the guidelines of our profession to disclose information whether or not we have your permission. Some of those situations are listed below.

As your therapist I need you to understand that confidentiality cannot be maintained when:

- You tell me you plan to cause serious harm or death to yourself, and I believe you have the intent and ability to carry out this threat in the near future. I must take steps to inform a parent or guardian of what you have told me and how serious I believe this threat to be. I must make sure that you are protected from harming yourself.
- You tell me you plan to cause serious harm or death to someone else who can be identified, and I believe you have the intent and ability to carry out this threat in the very near future. In this situation, I must inform your parent or guardian, and I must inform the person who you intend to harm.
- You are doing things that could cause serious harm to you or someone else, even if you do not *intend* to harm yourself or another person. In these situations, I will need to use my professional judgment to decide whether a parent or guardian should be informed.
- You tell me you are being abused-physically, sexually or emotionally-or that you have been abused in the past. In this situation, I am required by PA law to report the abuse to Childline.
- You are involved in a court case and a request is made for information about your counseling or therapy. If this happens, I will not disclose information without your written agreement *unless* the court requires me to. I will do all I can within the law to protect your confidentiality, and if I am required to disclose information to the court, I will inform you that this is happening.

Communicating with your parent(s) or guardian(s):

Except for situations such as those mentioned above, I will not tell your parent or guardian specific things you share with me in our private therapy sessions. This includes activities and behavior that your parent/guardian would not approve of — or would be upset by — but that do not put you at risk of serious and immediate harm. However, if your risk-taking behavior becomes more serious, then I will need to use my professional judgment to decide whether you are in serious and immediate danger of being harmed. If I feel that you are in such danger, I will communicate this information to your parent or guardian.

- Example: If you tell me that you have tried alcohol at a few parties, I would keep this information confidential. If you tell me that you are drinking and driving or that you are a passenger in a car with a driver who is drunk, I would not keep this information confidential from your parent/guardian. If you tell me, or if I believe based on things

you've told me, that you are addicted to alcohol, I would not keep this information confidential.

- Example: If you tell me that you are having protected sex with a boyfriend or girlfriend, I would keep this information confidential. If you tell me that, on several occasions, you have engaged in unprotected sex with people you do not know or in unsafe situations, I will not keep this information confidential.
- Even if I have agreed to keep information confidential – to not tell your parent or guardian – I may believe that it is important for them to know what is going on in your life. In these situations, I will encourage you to tell your parent/guardian and will help you find the best way to tell them. Also, when meeting with your parents, I may sometimes describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you.

Communicating with other adults:

- School: I will not share any information with your school unless I have your permission and permission from your parent or guardian. Sometimes I may request to speak to someone at your school to find out how things are going for you. Also, it may be helpful in some situations for me to give suggestions to your teacher or counselor at school. If I want to contact your school, or if someone at your school wants to contact me, I will discuss it with you and ask for your written permission. A very unlikely situation might come up in which I do not have your permission but both I and your parent or guardian believe that it is very important for me to be able to share certain information with someone at your school. In this situation, I will use my professional judgment to decide whether to share any information.
- Doctors: Sometimes your doctor and I may need to work together; for example, if you need to take medication in addition to seeing a counselor or therapist. I will get your written permission and permission from your parent/guardian in advance to share information with your doctor. The only time I will share information with your doctor even if I don't have your permission is if you are doing something that puts you at risk for serious and immediate physical/medical harm.

PARENT/GUARDIAN:

Initial each statement and sign below indicating your agreement to respect your adolescent's privacy:

I understand and support the goals and methods of treatment.

I understand that the therapist's role is limited to providing treatment and I agree not to involve the therapist in any legal dispute, especially a dispute concerning custody or custody arrangements (visitation, etc.).

I will ensure that the child attends all scheduled meetings and arrives on time.

I will encourage the minor to communicate with the therapist but also respect the child's right to privacy. I will refrain from requesting detailed information about individual therapy sessions with my child.

I understand that I will be informed immediately about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the therapist's professional judgment and may sometimes be made in confidential consultation with her consultant/supervisor.

MINOR:

Initial each statement and sign below indicating your agreement to the following:

I will agree to participate and attend therapy meetings as scheduled. If I have to cancel an appointment without at least 24 hours' notice I understand that the individual paying for my treatment will be charged a \$50 cancellation fee.

I have read and understand the issues surrounding confidentiality and what that means as far as communication about my treatment to my parents or other people.

I authorize communication with my parents for scheduling, payment and insurance concerns.

Signing below indicates that you have reviewed the policies described above and understand the limits to confidentiality. If you have any questions as we progress with therapy, you can ask your therapist at any time.

Parent Signature

Date

Parent Signature

Date

Minor Signature

Date

Therapist Signature

Date