



Adolescent Informed Consent Form

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 successful services.

As a general rule, I will keep the information you share with me in our sessions confidential, unless I have your written consent to disclose certain information. There are exceptions to this rule that are important for you to understand. In some situations, I am required by law or by the guidelines of my profession to disclose information whether or not I have your permission. If these situations arise I will do my best to discuss it with you, before disclosing any information. I have listed some of these situations below.

- If you tell me, or I have reasonable cause to believe that you are currently, or have in the recent past, been physically or sexually abused.
- If you tell me, or I have reasonable cause to believe that you are in imminent danger of causing serious harm to yourself or to another person, I will take protective actions. These may include contacting family members, seeking hospitalization, notifying any potential victims of violence, and/or notifying the police.

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. I may share very general updates with them about the progress of therapy, unless you have agreed for me to have more detailed communication with a parent(s).

Adolescent Consent & Parental Agreement to Respect Privacy

Adolescent client: 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 may ask at any time

Minor's Signature _____ Date _____

Parent/Guardian: Please sign below indicating your agreement to respect your adolescent's privacy: I will refrain from requesting detailed information about my child's individual therapy sessions, with the exception of circumstances that, by state law, require the breach of confidentiality. I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Clinician Signature _____ Date _____