

Child Consent for Treatment

Valeriya Cotten, MA, LPC

Prior to beginning treatment, it is important for you to understand my approach to child counseling and agree to some rules about your child's confidentiality during the course of his/her treatment. The information contained in this agreement is in addition to the material in the Informed Consent Form, a copy of which has been provided to you. In order for me to start working with your child, both forms must be read and signed by both parents, unless one parent has sole legal custody. A copy of any custody agreement must be in your child's file as well before any services can be rendered.

The involvement of children and adolescents in therapy can be highly beneficial to their overall development. Very often, it is best to see them with parents and other family members; sometimes, 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 essential.

The issue of confidentiality is critical in treating children. When children are seen with adults, what is discussed is known to those present and should be kept confidential except by mutual agreement. Children seen in individual sessions (except under certain conditions) are not legally entitled to confidentiality (also called privilege); their parents have this right. However, unless children feel they have some privacy in speaking with a therapist, the benefits of therapy are potentially lost. It is my policy to provide you with general information about treatment status. I 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 tell you if your child does not attend sessions. At the end of your child's treatment, I can provide you with a treatment summary session in which we will review what issues were discussed, what progress was made, and what areas are likely to require intervention in the future. The content of your child's sessions must be confidential in order to enable your child to confide in his/her therapist, and for therapy to be effective.

If your child is an adolescent, it is possible that he/she 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. "Adolescent Informed Consent and Parental Agreement" Form is furnished to give you more details and will be provided to you to sign.

As a counselor, I am frequently asked to provide counseling services to a child or family, whose parents or guardians are involved with legal disputes or challenges involving custody, visitation or other court related issues. *You should be aware that once we start treatment, it is unethical of me to give any opinion about custody or visitation arrangements, even if I am compelled to be a witness in court.* The regulations and codes of ethics under which I practice my profession specifically describe how I legally may or may not conduct my services in matters involving legal decisions.

If I accept a child, adult or family as a client for counseling services, I cannot be used as an expert witness or for any forensic purposes. As your counselor, I would only be able to serve as a "fact" witness in any legal report, deposition or testimony. I could only provide factual information about services you received, and **only** when the client and/or legal guardian gives her/his written permission to waive confidentiality. Waivers of privilege / confidentiality must describe what specific information is to be released, to whom, for what purpose and for how long the release is valid. As a factual witness or reporter, I may not offer any conclusions, opinions or recommendations. I can report that I provided X number of sessions; that we have developed a counseling plan; what the goals and objectives of the plan are, and other "facts".

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If I am counseling with a DHS, OJA or court ordered client, I will only provide factual information when: 1) I have been given written permission to release information by the client or client's legal guardian, 2) The client and I have discussed the purpose and content of the request for a report, 3) I have been given timely notice of the request for information. I will not provide conclusions, opinions or recommendations in these reports.

I will charge a reasonable fee for report writing, telephone consultations with attorneys, depositions and court appearance and testimony. I will provide you with a fee schedule that details the amounts charged for these services.

Clients under 18 years of age who are not emancipated and their parents or guardians should be aware that the law allows parents or guardians to examine their child's records. Because privacy in psychotherapy is often crucial to successful progress, it is my policy to request agreement from parents or guardians that, during treatment, I will provide them only with general information about the progress of the child's treatment and attendance at scheduled sessions. Other communication will require the child's agreement, unless I believe that the child is in danger or is a danger to someone else, in which case, I will notify the parents or guardians of my concern. Parents may be asked to participate as collaterals to assist with their child's therapy. This does not constitute a therapeutic alliance or relationship with the parent. The child will remain the client.

We, (Parents' Names) _____ and _____ are

legal custodial parents for (Minor's Name) _____ a minor.

(If sole legal custodian please attach a copy of Permanent Court Order Provision)

We understand that we have the right to information concerning our minor child in therapy, except where otherwise stated by law. We also understand that this therapist believes in providing a minor child with a private environment in which to disclose himself/herself to facilitate therapy. We therefore give permission to this therapist to use her discretion, in accordance with professional ethics and state and federal laws and rules, in deciding what information revealed by my child is to be shared with us. This is our written consent to the mental health assessment and treatment of minor child under the terms stated above authorize Valeriya Cotten, MA, LPC in her capacity as a Licensed Professional Counselor to begin the mental health assessment and treatment of our minor on (Date) _____.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

Signature of Therapist Date