



CHILD AND ADOLESCENT SERVICES CONTRACT

Prior to your child commencing treatment, it is important for you to understand my approach to therapy with minors and to agree to some rules and procedures about your child's confidentiality during the course of his or her treatment. The information provided herein is in addition to the information provided within the Patient-Therapist Agreement. Under HIPPA and the APA Ethics Code, I am legally and ethically responsible to provide you with informed consent. As we proceed forward, I will try to remind you of important issues as they arise.

One risk of child therapy involves disagreement between the parents and/or disagreement between the parents and the therapist concerning the best interests of the child. If any such disagreements occur, I will strive to listen carefully, so that I can understand your perspectives and fully explain my perspective. We can resolve any such disagreements or we can agree to disagree, so long as this enables your child's therapeutic progress. Ultimately, you will decide whether therapy for your child will continue. If you decide that therapy should end, I will honor that decision; however, I request the option of having a few closing sessions with your child to appropriately end the treatment relationship.

When a trusting relationship develops between the therapist and the patient, therapy can be most effective. Privacy is especially important in securing, maintaining, and preserving that trust. One goal of treatment is to promote a stronger relationship between the child and his or her parents. However, it is often necessary for a child to develop a "zone of privacy," whereby the child feels able to discuss personal matters with greater freedom. This is especially true for adolescents, who are naturally developing a greater sense of autonomy and independence. By signing this contract, you will be waiving your right of access to your child's treatment records. However, this is not meant to exclude you from, or leave you out of, the process of your child's treatment in any way; rather, it helps promote progress by providing a secure, trusting environment so that your child can speak freely, as well as by promoting your child's legal right to privacy.

It is my policy to provide you with general information about treatment status. I will raise issues that may impact your child inside or outside the home(s). 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 to me without your child's consent. I will tell you if your child does not attend sessions. At the end of your child's treatment, I will meet with you to summarize what issues were discussed, what progress has been made, and what areas are possibly likely to require intervention in the future.

If your child is an adolescent, it is possible that he or she will reveal sensitive information pertaining to sexual contact, alcohol and/or 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. We must carefully and directly discuss your feelings and opinions concerning acceptable behavior. If I ever believe that your child is at serious risk of harming himself/herself or another, I will inform you.

Although my responsibility to your child may require my involvement in conflicts between the two of you, I need your agreement that my involvement will be strictly limited to that which will benefit your child. This means, among other things, that you will treat anything that is said in session with me as confidential. Neither of you will attempt to gain advantage in any legal proceedings between the two of you from my involvement with your child. In particular, I need your agreement that in any such proceedings, neither of you will ask me to testify in court, whether in person or by affidavit. Also, you agree to instruct your attorneys not to subpoena me or to refer in any court filing to anything I have said or done. I am not a custody evaluator and, as you child's therapist, cannot ethically put myself in that role.

Please note that such agreement may not prevent a court from requiring my testimony, even though I will work to prevent such an event. If I am require 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. Furthermore, if I am required to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of \$250.00 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

My signature below indicates that I understand and agree to abide by the above-stated conditions. By signing, I am also confirming that I have the legal standing (parentage, guardianship, right to make medical care decisions) to consent to the minor child's mental health treatment.

Parent/Guardian Signature

Date

Witness Signature

Date

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