

Confidentiality of Psychotherapy with Minors: When parents bring in their child for treatment, they are understandably curious about their child’s progress and parental involvement is often crucial to successful treatment. The law provides parents with the right to examine their child’s mental health records for children under 12. Parents of children between 12 and 18 cannot examine their child’s records unless the child consents and unless I find that there are no compelling reasons for denying the parent(s) access to the records. For all children age 18 or below, parents have the right to request and receive information about their child’s mental condition, diagnosis, treatment needs and services provided. It is my belief, however, that young people need to develop trust in their counselor and need some degree of privacy. I ask parents to respect this privacy and refrain from asking me about the details of their child’s/children’s treatment. If 4 parents request it, I will provide them with general information about how treatment is proceeding. I will inform parents as soon as possible if I believe there is a high risk that their child will seriously harm herself/himself or someone else. Before giving parents any information, I will attempt to discuss it, if possible, with the child and I will do my best to handle any objections she/he may have.

Consent by Parent / Legal Guardian for Minor (Age 2 through 17) to Receive Counseling/Psychotherapy Services

I/We, _____,
Print Name(s) of parent(s) / legal guardian

of _____,
Print name(s) of minor child/children

voluntarily give consent for him/her to receive counseling/psychotherapy services with Diane Goula LCSW.

I/We understand that I/we may decide at any time to decline consent for the continuation of these services, and that I/we will inform Mrs. Goula, in writing, of this decision as soon as possible.

I/We agree to work cooperatively with Mrs. Goula as needed. I/We have read and signed a “Psychotherapy Services Agreement for Minors & Notice of Policies” (above) and “Protected Health Information” (on pages 5 and 6 of the Child Intake form) provided by Mrs. Goula and have adequately discussed with her any questions I/we have about any aspect of the services.

Date _____
Signature of Parent/Legal Guardian

Date _____
Signature of Parent/Legal Guardian