

Adolescent Informed Consent Form

CLIENT NAME: _____ **DATE:** _____

To Client: It is important that you feel comfortable sharing your concerns and issues to your therapist. 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 therapist. Privacy, also called confidentiality, is an important and necessary part of any successful counseling journey.

COMMUNICATING WITH YOUR PARENT (S) OR GUARDIAN (S): Except for situations such as those mentioned above, your therapy is confidential. However, if there are high-risk behaviors placing you at greater safety risk or that significantly would be a detriment to your well-being; then the therapist will use their clinical/professional judgment to decide whether to discuss with your parent/guardian. In these cases, you would be encouraged you to tell your parent/guardian and your therapist will help you find the best way to tell them. Also, when meeting with your parents, the therapist may sometimes describe problems in general terms, without using specifics, to help them know how to be more supportive/helpful to you. You should also know that, by law, your parent/guardian has the right to see your treatment records. We will discuss collaboratively your therapy goals and treatment progress together.

To Parent/Guardian: It is important that you feel comfortable knowing that any safety concerns of client will be communicated to you immediately. LifeCare fully aligns with the parental/guardian involvement to promote therapeutic collaboration and communication. Parents/Guardians are provided with periodic updates on therapy progress and general themes/concerns so that you can be involved in supporting your child's mental health needs/goals.

Generally, the information shared in sessions are confidential, unless there is written consent to disclose certain information. There are exceptions that are important to understand. In certain situations, the law and/or guidelines by the counseling profession require your therapist to disclose information whether or not they have their client's permission. The following are situations that are considered exceptions to confidentiality:

- You plan to cause serious harm or death to yourself, and the therapist believes you have the intent and ability to carry out this threat in the very near future. The therapist must take steps to inform a parent or guardian of what you have told and how serious this threat to be. The therapist must make sure that you are protected from harming yourself.
- You plan to cause serious harm or death to someone else who can be identified, and the therapist believes you have the intent and ability to carry out this threat in the very near future. In this situation, the therapist must inform your parent or guardian, and the therapist must inform the person whom 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, the therapist will need to use my professional judgment to decide whether a parent or guardian should be informed.
- You share that you are being abused-physically, sexually, or emotionally-or that you have been abused in the past. In this situation, the therapist is required by law to report the abuse to the SC Department of Services.
- You are involved in a court case and a request is made for information about your therapy. If this happens, the therapist will not disclose information without written consent unless the court requires the therapist to do so (court order).

MINOR 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.*

CLIENT'S SIGNATURE _____ **Date** _____

PARENT/GUARDIAN: *Signing below indicates your understanding of confidentiality and exceptions to confidentiality with minor clients. 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'S SIGNATURE _____ **Date** _____