



MINORS

Parent Authorization for Minor's Mental Health Treatment

In order to authorize mental health treatment for your child, you must have either sole or joint legal custody of your child. If you are separated or divorced from the other parent of your child, please notify me immediately. Pathways TC asks you to provide a copy of the most recent custody decree that establishes custody rights of you and the other parent or otherwise demonstrates that you have the right to authorize treatment for your child. This will need to be provided prior to your child's intake appointment.

If you are separated or divorced from the child's other parent, please be aware that it is my policy to notify the other parent that I am meeting with your child. I believe it is important that all parents have the right to know, unless there are truly exceptional circumstances, that their child is receiving mental health evaluation or therapeutic services.

One complication of child therapy involves disagreement among parents and/or disagreement between parents and the therapists regarding the child's treatment. If such disagreements occur, your therapist will listen carefully and establish understanding of your perspectives and fully explain their professional perspective. We can resolve such disagreements, or we can agree to disagree, so long as this enables your child's therapeutic progress. Ultimately, it is the parent's decision as to whether therapy will continue. If either parent decides the therapy should end, I will honor that decision, unless there are extraordinary circumstances. However, Pathways TC requests that your child's therapist be allowed the option of having 1-2 closing sessions with your child to appropriately end the treatment relationship.

Individual Parent/Guardian Communications With Me

In the course of the treatment of a minor, Pathways TC may request to meet with a minor client's parents/guardians either separately or together. Please be aware, however, my patient is your child – not the parents/guardians nor any siblings or other family members of the child will be identified therapy clients with rights of psychological privilege unless a separate written contract is made to conduct family therapy mutually agreed to by the therapist and the parents.

If your child's therapist meets with you or other family members in the course of your child's treatment, they will make notes of that meeting in your child's treatment records. Please be aware that those notes will be available to any person or entity that has legal access to your child's treatment record as mandated by law.



Mandatory Disclosures of Treatment Information

In some situations, Pathways TC is required by law or by the ethical guidelines of our profession, to disclose information, whether or not Pathways has parental or minor client permission. I have listed some of these situations below.

Confidentiality cannot be maintained when:

- Minor clients tell a Pathways TC therapist they plan to cause serious harm or death to themselves, and their therapist believes the minor client has 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 or others of what the child has told them and how serious they believe this threat to be in efforts to prevent the occurrence of such harm.
- Minor clients tell Pathways TC therapist they plan to cause serious harm or death to someone else, and their therapist believes the minor client has the intent and ability to carry out this threat in the very near future. In this situation, I must inform a parent or guardian or others, and I may be required to inform the person who is the target of the threatened harm and the police.
- Minor clients are doing things that could cause serious harm to them or someone else even if they do not intend to harm themselves or another person. In these situations, the child's therapist will need to use their professional judgment to determine whether a parent or guardian will be informed.
- Minor client tells a Pathways TC therapist, or they otherwise suspect that a child is being neglected or abused physically, sexually or emotionally – or that it appears that they have been neglected or abused in the past. In this situation, Pathways TC may be required by law to report the alleged abuse to the appropriate state child – protective agency.
- Pathways TC is ordered by a Court to disclose information with proper releases or other legal exceptions.

Disclosure of Minor's Treatment Information to Parents

Therapy is most effective when a trusting relationship exists between the therapist and the client. Privacy is especially important in earning and keeping that trust. As a result, it is important for minor clients to have a “zone of privacy” where they feel free to discuss personal matters without fear that

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their thoughts and feelings will be communicated to their parents. This is particularly true for adolescent clients who are naturally developing a greater sense of independence and autonomy.

It is Pathways policy to provide parents with general information (goals, progress, parenting insights) about their child's treatment, but NOT to share specific information your child has disclosed in session without their child's agreement. This includes activities and behavior that parents may not approve of – or might be upset by – but that do not put the minor client at risk of serious and immediate harm. However, if a minor client's risk-taking behavior becomes more serious, then their therapist will need to use professional judgment to decide whether the minor is in serious and immediate danger of harm. If I feel that your child is in such danger, the therapist will communicate this information to parents immediately.

Example: If a minor client tells their therapist that he/she has tried alcohol at a few parties, the therapist is likely to keep this information confidential. If a minor client tells their therapist that he/she is drinking and driving, is a passenger in a car with a driver who is drunk, or reports drinking in excess regularly the therapist would NOT keep this information confidential from parents/guardians. If a minor client tells his/her therapist or if they believe based on things they have learned about the minor client, that the child is addicted to drugs or alcohol, the therapist will NOT keep that information confidential.

Example: If a minor client tells their therapist that he/she is having voluntary, protected sex with a peer, the therapist will most likely keep this information confidential. If the minor client tells his/her therapist, on several occasions, the child has engaged in unprotected sex with strangers or in unsafe situations, the therapist will NOT keep this information confidential.

Parents can always ask me questions about the type of information their child's therapist would disclose. Parents can ask in the form of "hypothetical situations," such as: "If a child told you that he or she was doing _____, would you tell the parents?"

Even when all have agreed to keep a minor client's treatment information confidential, the therapist may believe that it is important for parents to know about a particular situation that is going on in their child's life. In these situations, the therapist will encourage the child to tell his/her parents/guardian, and will help your child find the best way to express their situation. Also, when meeting with parents, therapists may sometimes describe the minor client's problems in general terms, without using specifics, in order to help parents know the best way to support their children.



Disclosure of Minor’s Treatment Records to Parents

Although the laws of the State of Georgia may give parents the right to see any written records I keep about your child’s treatment, by signing this agreement, you are agreeing that your child or teen should have a “zone of privacy” in their meetings with me and you agree not to request access to your child’s written treatment records unless ordered by a Court or to transfer the record to another therapist who is serving your child.

As provided elsewhere in this Informed Consent, I do not wish to be involved in the legal system or to speak with anyone regarding testifying in Court. If I am required to testify, I am ethically bound NOT to give my opinion about either parent’s custody, visitation suitability, or fitness. Furthermore, if I am required to appear as a witness or to otherwise perform work related to any legal matter, the party responsible for my participation agrees to reimburse me for those amounts stated otherwise in this Informed Consent.

Parent/Guardian of Minor Patient:

Please initial after each line and sign below indicating your agreement to respect your child’s privacy:

Minor client’s full name: _____ DOB: _____

I will refrain from requesting detailed information about individual therapy sessions with my child. 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. _____

Although I may have the legal right to request written records/session notes since my child is a minor, I agree NOT to request these records in order to respect the confidentiality of my child’s/adolescent’s treatment. _____

I understand that I will be informed about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the therapist’s professional judgment, unless otherwise noted above. _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

