



Beech Tree

Consulting &
Psychological Services

Agreement for Parents

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 your Mental Health Professional (MHP) immediately. Your MHP will ask to be provided with 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.

If you are separated or divorced from the child's other parent, please be aware that it is your clinician's policy to notify the other parent that he or she is meeting with your child. We 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 treatment.

One risk of child therapy involves disagreement among parents and/or disagreement between parents and the MHP regarding the child's treatment. If such disagreements occur, your MHP will strive to listen carefully so that he or she can understand your perspectives and fully explain the clinician's perspective so long as this enables your child's therapeutic progress. Ultimately, parents decide whether therapy will continue. If either parent decides that therapy should end, the MHP will honor that decision, unless there are extraordinary circumstances. However, in most cases, the MHP will ask that you allow the option of having a few closing sessions with your child to appropriately end the treatment relationship.

Individual Parent/Guardian Communications with the Clinician

In the course treatment with your child, the MHP may meet with the child's parents/guardians either separately or together. Please be aware, however, that, at all times, the patient is your child – the patient is not the parents/guardians nor any siblings or other family members of the child.

If the mental health MHP meets with you or other family members in the course of your child's treatment, notes of that meeting will be made and put into 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.

Mandatory Disclosures of Treatment Information

In some situations, the MHP is required by law or by the guidelines of the mental health profession to disclose information, whether or not the MHP has your or your child's permission. Some examples of these situations are listed below:



Beech Tree

Consulting &
Psychological Services

Confidentiality cannot be maintained when:

- Child patients tell their MHP they plan to cause serious harm or death to themselves, and the mental health MHP believes they have the intent and ability to carry out this threat in the very near future. The MHP must take steps to inform a parent or guardian or others of what the child has told the mental health professional and how serious it is believed the threat may be so as to try to prevent the occurrence of such harm.
- Child patients tell their MHP they plan to cause serious harm or death to someone else, and it is believed they have the intent and ability to carry out this threat in the very near future. In this situation, the MHP must inform a parent or guardian or others, and the MHP may be required to inform the person who is the target of the threatened harm [and the police].
- Child patients 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 MHP will need to use his or her professional judgment to decide whether a parent or guardian should be informed.
- Child patients tell their clinician, or the MHP otherwise learns that, it appears 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, the MHP is required by Indiana law to report the alleged abuse to the appropriate state child-protective agency.
- The MHP is ordered by a court to disclose information.

Disclosure of Minor's Treatment Information to Parents

Therapy is most effective when a trusting relationship exists between the MHP and the patient. Privacy is especially important in earning and keeping that trust. As a result, it is important for children to have a "zone of privacy" where children feel free to discuss personal matters without fear that their thoughts and feelings will be immediately communicated to their parents. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy.

It is our policy to provide you with general information about your child's treatment, but NOT to share specific information your child has disclosed to me without your child's agreement. This includes activities and behavior that you would not approve of — or might be upset by — but that do not put your child at risk of serious and immediate harm. However, if your child's risk-taking behavior becomes more serious, the MHP will use professional judgment to decide whether your child is in serious and immediate danger of harm. If the MHP feels that your child is in such danger, he or she will communicate this information to you.

Example: If your child tells his or her MHP that he/she has tried alcohol at a few parties, the MHP would keep this information confidential. If your child tells his or her MHP that he/she is drinking and driving or is a passenger in a car with a driver who is drunk, the MHP would not keep this information confidential from you. If your child tells his or her MHP, or if the MHP believes based on things he or she learns about your child, that your



Beech Tree

Consulting &
Psychological Services

child is addicted to drugs or alcohol, the MHP would not keep that information confidential.

Example: If your child tells the MHP that he/she is having voluntary, protected sex with a peer, the MHP would keep this information confidential. If your child tells the MHP that on several occasions, the child has engaged in unprotected sex with strangers or in unsafe situations, the MHP will not keep this information confidential.

You can always ask the MHP questions about the types of information he or she would disclose. You can ask in the form of “hypothetical situations,” such as: “If a child told you that he or she were doing _____, would you tell the parents?”

Even when we have agreed to keep your child’s treatment information confidential from you, the MHP may believe that it is important for you to know about a particular situation that is going on in your child’s life. In these situations, the MHP will encourage your child to tell you, and the MHP will help your child find the best way to do so. Also, when meeting with you, the MHP may sometimes describe your child’s problems in general terms, without using specifics, in order to help you know how to be more helpful to your child.

Disclosure of Minor’s Treatment Records to Parents

Although the laws of Indiana may give parents the right to see any written records the MHP keeps 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 their MHP, and you agree not to request access to your child’s written treatment records.

Parent/Guardian Agreement Not to Use Minor’s Therapy Information/Records in Custody Litigation

When a family is in conflict, particularly conflict due to parental separation or divorce, it is very difficult for everyone, particularly for children. Although the MHP’s responsibility to your child may require helping to address conflicts between the child’s parents, the MHP’s role will be strictly limited to providing treatment to your child. You agree that in any child custody/visitation proceedings, neither of you will seek to subpoena my records or ask me to testify in court, whether in person or by affidavit, or to provide letters or documentation expressing my opinion about parental fitness or custody/visitation arrangements. In the event that divorce related concerns arise in the treatment, your child’s MHP will likely provide a referral for the family and child to a divorce adjustment specialist as this is not an area of specialization within Beech Tree Consulting and Psychological Services.

Please note that your agreement may not prevent a judge from requiring the MHP’s testimony, even though the MHP will not do so unless legally compelled. If the MHP is required to testify, the MHP is ethically bound not to give an opinion about either parent’s custody, visitation suitability, or fitness. If the court appoints a custody evaluator, guardian *ad litem*, or parenting coordinator, the MHP will provide information as needed, if appropriate releases are signed or a court order is provided, but the MHP will not make any recommendation about the final decision(s). Further



Beech Tree

Consulting &
Psychological Services

more, if the MHP is 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 the MHP at the rate of \$250 per hour for time spent traveling, speaking with attorneys, reviewing and preparing documents, testifying, being in attendance, and any other case-related costs.

Parent/Guardian of Minor Patient:

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

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 _____

I, _____, have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person's behavior and responses give me reason to believe that this person is fully competent to give informed and willing consent.

Signature of Mental Health Professional

Date