

Informed Consent for Work with Children and Adolescents

to be completed by custodial parent or legal guardian

Note: The state expects that you will be informed of all possible contingencies that might arise in the course of short- and long-term therapy with your child. Please check to be sure you have read, understood, and discussed all questions with the therapist. An informed consent has the force of contract so we cannot proceed until we reach an agreement on all items.

Name of Child or Adolescent _____

Age ____ Birth Date _____ Child's Phone Number _____ Fee ____

Custodial Parent or Legal Guardian's Name _____

Note on Legal Custody: If parents are legally separated or divorced or the child or adolescent is otherwise under custodial care or guardianship you must submit with this informed consent the documentation giving you the legal right to pursue medical/psychological treatment for the child.

Address _____

City _____ Zip Code _____ Phone _____

Mailing Address (if different) _____

Business Address _____

Business Phone _____ Birth Date _____

Social Security # _____ Driver's License # _____

Referred by: _____

Medical Insurance _____

Insured's Name (if different) _____

Policy Number _____ Group Number _____

Note on Cancellations: Due to the long-term nature of my practice, I must hold you responsible for all regularly scheduled consultation sessions *whether or not you are able to attend*. Should it be necessary for you to cancel an appointment I must have at least three full working days notice in order to waive the fee. I cannot bill your insurance for missed sessions.

Note on Insurance Reimbursement: Due to the complexities and time delays of insurance reimbursements, I must ask that you pay at the beginning of each session or if I agree to send a bill that you *pay in full no later than the tenth of each month*. A copy of your bill is to be submitted by you with your insurance form directly to your company. Insurance payments will be sent directly to you or credited to your next month's billing if sent to me, however you prefer.

Confidentiality: State law and professional ethics require therapists to maintain confidentiality except for the following situations:

1. If there is suspected child abuse, elder abuse, or dependent adult abuse.
2. "Tarasoff" situations in which serious threat to a reasonably well-identified victim is communicated to the therapist.
3. When threat to injure or kill oneself is communicated to the therapist.

4. If you are required to sign a release of confidential information by your medical insurance.
5. If you are required to sign a release for psychotherapy records if you are involved in litigation or other matters with private or public agencies. **Think carefully and consult with an attorney before you sign away your rights.** We can discuss some foreseeable possibilities together.
6. Clients being seen in couple, family, and group work are obligated legally to respect the confidentiality of others. The therapist will exercise discretion (but cannot promise absolute confidentiality) when disclosing private information to other participants in the treatment process. Secrets cannot be kept by the therapist from others involved in your treatment process.
7. I may at times speak with professional colleagues about our work without asking permission, but all identities will be disguised.
8. My personal secretary and office manager have access to locked records but are legally charged with confidentiality.
9. Clients under 18 do not have full confidentiality from their parents.
10. It is also important to be aware of other potential limits to confidentiality that include the following:
 - All records as well as notes on sessions and phone calls can be subject to court subpoena under certain extreme circumstances. Most records are stored in locked files but some are stored in secured electronic devices.
 - Cell phones, portable phones, faxes and e-mails are used on some occasions.
 - All electronic communication compromises confidentiality.

Special note on confidentiality with children and adolescents: Psychotherapy with people of any age relies on the client's confidence that what is shared with the therapist is private and confidential. While parents and guardians have the right to know general information about how the therapy with their child is progressing, **in signing this**

form you waive the right to know the private details of the child's therapy or to have access to the confidential therapy records of the child. A general summary can be provided at any time upon request.

Fees: The fee for service generally covers a 45-minute session and will be agreed upon in the first treatment session. Payment is rendered at the time of service unless an arrangement is made for end-of-the-month billing with full payment required by the tenth of the next month. Cost of living increases may occur on an annual basis. Telephone calls may be charged at approximately the same rate as personal consultation plus any telephone company charges. Interest at 12% per annum will be charged on all accounts over 60 days due.

Availability: The therapist is available for regularly scheduled appointment times. Dates of vacations and other exceptions will be given out in advance if possible. Telephone appointment times can be made by calling the office during regular office hours.

Emergency numbers where I can sometimes be reached: _____

Emergency service can be obtained at: _____

Termination of treatment: The therapist may terminate treatment if payment is not timely, if prescriptions are not filled (such as not seeking required consultations, parents not doing requested parallel work, or regularly scheduled sessions not being kept), or if some problem emerges that is not within the scope of competence of the therapist. The usual minimal termination for an ongoing treatment process is four to ten sessions but a satisfying termination to long-term work may take several months.

Clients are urged to consider the risks that major psychological transformation may have on current relationships and the possible need of psychiatric consultation during periods of extreme depression or agitation. Not all people experience improvement from psychotherapy and therapy may be emotionally painful at times. For information on shorter-term behavioral and cognitive therapies call: _____.

Clients have the right to refuse or to discontinue services at any time and complaints can be addressed to: _____.

A brief list of the professional credentials of your therapist is attached.

What Is Dynamic Psychotherapy?

Dynamic psychotherapy originated with the work of Dr. Sigmund Freud in Vienna in the late nineteenth century. Therapy is both a way of understanding human emotions and of helping people with their relationships and their personal problems. The mature or rational self that functions more or less successfully in the real world is only a part of the total person. The more immature, irrational, or unconscious self functions silently in the background to produce various symptoms and maladaptive behaviors that often intrude into the person's social life, personal relationships, school or work activities, and physical health. In dynamic psychotherapy specific problems are viewed in the context of the whole person. The quest for self-knowledge is seen as the most important key to changing attitudes and behavior.

Dynamic psychotherapy is based on the insight that our personalities are the result of passing through and solving relationship issues at many developmental stages. At any stage, the way we have reacted to events in our lives may have caused us to get stuck at a certain level of insight or problem solving. While we go ahead and mature satisfactorily, in many ways we may carry within us the parts that didn't have a chance

to develop. We can have a mature exterior and be functioning more or less successfully, while internally we may feel vulnerable, confused, depressed, angry, afraid, and childlike. We may not feel able to bounce back from rejection, get past blocks, allow our real feelings to surface, or stay in touch with our feelings and desires. Our physical health may be compromised in many ways by emotional and relationship issues.

Dynamic psychotherapy is designed to help the client get in touch with her or his unconscious memories, feelings, and desires that are not readily available to the conscious mind. Therapy is designed to help clients of all ages understand how their unconscious feelings and thoughts affect the ways they act, react, think, feel, and relate. Whether or not therapy works depends a great deal on the client's willingness and ability to experience all relationships deeply, especially the therapeutic relationship. Each client, by expressing her or his story in whatever ways possible to someone who knows how to listen and to give new meanings back, has the opportunity to learn about herself or himself in a new way.

Dynamic psychotherapy can provide a safe place for people of whatever age to discover for themselves their own truths. It provides a unique opportunity to re-experience personal history in a new relationship, to see it in a new way, and to make connections between past and current conflicts that illuminate the way one relates to oneself and to others.

Clients are encouraged to talk about thoughts and feelings that come up about therapy or about the therapist. These feelings are important because elements of one's earliest affections and hostilities toward parents and siblings are often shifted onto the therapist and the process of therapy. This phenomenon, known as "transference," offers a rich source of understanding, for it offers the possibility for people to re-experience and re-work important feelings arising from the past with the maturity they possess in the present.

Dynamic psychotherapy is usually not a short-term therapy as it takes time to explore the complex layers of feeling and experience that

make up a person's own unique relationship history. People find that their therapy can easily extend for several years but there is no prescribed length of treatment. Only the people closely involved have a sense of when personal goals have been met. When the client feels she or he has accomplished the desired goals, then a termination date can be set.

Dynamic psychotherapy aims to help people experience life more deeply, enjoy more satisfying relationships, resolve painful conflicts, and better integrate all the parts of their personalities. Perhaps its greatest potential gift is the essential freedom to change and to continue to grow in relationships.

Agreement for Dynamic Psychotherapy Consultation

I have read this informed consent completely and have raised any questions I might have about it with my therapist. I have received full and satisfactory response and agree to the provisions freely and without reservations.

I understand that the therapist is responsible for maintaining all professional standards set forth in the ethical principles of his/her professional association as well as the laws of the state governing the practice of psychotherapy and that he/she is liable for infractions of those standards.

I understand that I will be fully responsible for any and all legal and/or collection costs arising as a result of contact with the therapist, including appropriate compensation for his time involved in preparing for and doing court work.

I understand that the therapist from time to time consults with other mental health professionals and makes teaching and research contributions using disguised client material. By consenting to treatment I am giving consent to these processes of professional enrichment

and contribution and the right to use disguised material without financial remuneration.

Arbitration Agreement

I agree to address any grievances I may have directly with the therapist immediately. If we cannot settle the matter between us then a jointly agreed-upon outside consultation will be sought. If not, an arbitration process will be initiated which will be considered as a complete resolution and legally binding decision under state law which states as follows:

“NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE ONE OF THIS CONTRACT.”

Article 1: “It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by [state] law, and not by lawsuit or resort to court process except as [state] law provides for judicial review or arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.”

Any arbitration process will be considered as a complete resolution and legally binding decision. The client will be responsible for the costs of this process. In agreeing to treatment, you are consenting to the above identified grievance procedures.

This agreement constitutes the entirety of our professional contract. Any changes must be signed by both parties. I have a right to keep a copy of this contract.

_____	_____
Legal Parent or Guardian Signature	Date
_____	_____
Therapist's Signature	Date

Verification Statement of the Therapist

This document was discussed with the client and questions regarding fees, diagnosis, and treatment plan were discussed. I have assessed the parent's or guardian's mental capacity and found her or him capable of giving an informed consent at this time.

Date and Initial of Therapist_____.