



Must Be Filled Out and Signed  
by Parents Prior to Minor's  
Initial Appointment.

## AGREEMENT AND INFORMATION FOR PARENTS OF MINOR CHILDREN

Dear Parent,

The Summit Counseling Center is pleased that you are interested in having your son or daughter work with one of our therapists. Providing psychotherapy services to minors comes with a number of issues that need to be agreed upon in order to provide an environment for change to occur. Please read the following and discuss any concerns you have before consenting to the contents of this agreement.

### **Confidentiality**

Confidentiality in Georgia can be confusing in that Georgia and federal law prescribes two rights that appear to be in conflict with one another:

- 1) Parents, through Georgia law and HIPAA, are provided access to their minor child's health records, including mental health records, and
- 2) Georgia law posits that children are extended the same rights to confidentiality as adults.

Because these principles are in conflict, it is important to establish at the beginning of treatment how we can avoid disagreements related to them. Therapy needs to be a safe place for all participants. Confidentiality is provided by law because it is recognized that it is a central tenant to providing a safe place where all issues impacting clients can be openly discussed. When clients feel safe to openly discuss their problems, the therapeutic relationship is greatly improved. Perceived safety and the quality of the therapeutic relationship are important factors in producing positive change. As a result, to allow for open discussions between your son or daughter and our therapist, we ask that you agree to refrain from requesting treatment records during the course of treatment unless these records are critical for mental health treatment with another provider. In lieu of this, your therapist agrees to:

- Provide reports about how therapy is going.
- Provide a treatment summary upon termination, if requested.
- Make immediate contact if your therapist believes that your child is at risk of serious harm or is at serious risk of harming another person.  
**(Note: It is important that we discuss what constitutes "serious harm.")**
- Encourage and assist your child in sharing information with you as appropriate.

## **Divorce, Custody, and Communication**

When a family is confronted by parental separation or divorce, it is very hard on everyone. It is particularly hard on children. It is the policy of The Summit Counseling Center to require the consent of both parents to the treatment of their minor child. This is to establish that both parents are willing to agree to the terms of the professional relationship. This policy is followed even in cases where the parents of the minor child are divorced and is waived only in extreme circumstances. You should be aware of the following:

- Joint legal custody (and the right to make healthcare decisions) is assumed unless a copy of a court decision stating otherwise is provided.
- With joint legal custody, either parent can consent to treatment.
- Also with joint legal custody, either parent can demand an end to therapy. In the case of one parent demanding the end of therapy and the other requesting it to continue, the law favors the termination of therapy-even when the minor child wishes to continue treatment. Note, however, if treatment is discontinued against medical advice, both parents will be provided a written statement regarding the medical appropriateness of discontinuing treatment.

It is hoped that obtaining consent (or at minimum, assent) from both parents at the beginning of therapy would help to avoid this unpleasant conflict and, more importantly, harm to your child as he or she would get caught in the middle of this conflict. Related to this is communication with both parents. Unless a court decision stating the termination of specific parental rights is provided, your therapist may communicate with both parents the information specified in the confidentiality section above.

## **Sharing Information about Child Clients with Court**

If custody is in question, then the safety of the family environment may also be in question. It is even more important that therapy presents a safe environment. That safety is particularly endangered where a child has to worry that what he or she says in therapy will be revealed in court and used against one of his parents. In order to protect that safety, we request that we all agree that neither party will call the therapist to be a witness. Everyone needs to understand that a judge may not decide to honor this agreement and that your therapist may be required to be a witness.

You should also be aware that once we start treatment it is unethical for your therapist to give any opinion about custody or visitation arrangements, even if he or she is compelled to be a witness. If custody is contested, a court may appoint a custody evaluator and/or guardian ad litem (or other person to represent the legal interest of the child) to protect the legal interests of your child. If asked to provide information about your child's treatment to these persons, your therapist will provide the information but not provide a recommendation about the final custody determination. Note that either parent, barring a court order to the contrary, is assumed to have the right to release treatment records to these individuals. Please do not request that your therapist refuse to release records despite a release signed on the part of the other parent.

## **Child Abuse, Evaluations, and Reporting**

In the instance that child abuse is a part of therapy, the counselor will begin the therapeutic process of helping the child to heal, unless the client's parents desire to pursue pressing charges against the offender, and request a forensic evaluation or psychosexual evaluation. If court is a desired goal, the counselor will make an appropriate recommendation for an abuse expert, who will then conduct the necessary evaluations and court proceedings. Counselors on staff do not testify in court for abuse cases, conduct forensic evaluations, or do psychosexual evaluations. Following the completion of the necessary evaluations, the counselor will resume therapy with the child that is focused on helping the client process his/her abuse.

When appropriate, the counselor will also use his/her clinical judgment to discuss appropriate types of touch and the importance of physical boundaries with the child. Lastly, if the client is in imminent danger, the counselor has the right to contact the appropriate authorities to ensure the safety of the client.

## **Testing and Assessment**

If your child is being seen for Psychological Testing and Assessment services, all results will be shared with the parents and/or legal guardians of the minor child.

Your signature below indicates that you have read the information in this document, have had any questions answered and concerns clarified. Your signature indicates that you agree to waive your rights to inspect your child's treatment records and will accept the terms of confidentiality outlined above. Your signature also indicates that you understand your therapist's role and the limits to his or her role if a custody dispute arises that results in court involvement.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Birthdate

\_\_\_\_\_  
Parent 1 - First, MI, Last Name

\_\_\_\_\_  
Parent 2 - First, MI, Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Parent/Guardian #1 Signature

\_\_\_\_\_  
Parent/Guardian #2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Please complete the following information if applicable:**

Court Case #	Effective Date	Expiration Date
Legal Custody	Parent/Guardian #1	Parent/Guardian #2
Physical Custody	Parent/Guardian #1	Parent/Guardian #2
Joint Custody	Parent/Guardian #1	Parent/Guardian #2
Sole Custody	Parent/Guardian #1	Parent/Guardian #2
Visitation	Parent/Guardian #1	Parent/Guardian #2
Custody Order	Parent/Guardian #1	Parent/Guardian #2
Medical Decisions	Parent/Guardian #1	Parent/Guardian #2