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*Positive Change Counseling Center*

*Phone: 619.733.6414*

*5480 Baltimore Drive, Suites 106 & 250 La Mesa, CA 91942*

*11590 West Bernardo Court, Suite 230 San Diego, CA 92127*

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### **Child and Adolescent Therapy Contract**

Prior to the beginning of treatment it is essential that you understand our approach to child therapy and that we agree to some rules regarding your child's confidentiality during the course of his/her treatment. The information herein is in addition to the information contained in the general therapeutic consent and agreement. As you go forward, your child's therapist will try to remind you of these important issues as they arise.

One risk regarding child therapy involves disagreement among parents and/or between parents and therapist regarding the best interest of the child. If such disagreements occur, the therapist will strive to listen carefully so that he or she can fully understand your perspectives and fully explain their own perspective. We can resolve such disagreements or we can agree to disagree, so long as this enables your child's therapeutic progress. Ultimately, you will decide whether therapy will continue. If either parent decides that therapy should end, your therapist will honor that decision, however, we ask that you allow your child's therapist the option of having a few closing sessions to appropriately end the treatment.

Therapy is most effective when a trusting relationship exists between the therapist and the client. Privacy is especially important in securing and maintaining that trust. One goal of treatment is to promote a stronger and better relationship between children and their parents. However, it is often necessary for children to develop a "zone of privacy" whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. By signing this agreement, you will be waiving your right of access to your child's treatment records.

It is our policy to provide you with general information about treatment status. Your child's therapist will raise issues that may impact your child either inside or outside the home. If it is necessary to refer your child to another mental health professional with more specialized skills, the therapist will share that information with you. Your child's therapist will not share with you information your child has disclosed to him or her without your child's consent. Your child's therapist will tell you if your child does not attend sessions. The therapist can also provide you with a treatment summary as therapy progresses. This will describe what issues were discussed, what progress was made and what areas are likely to require intervention in the future.

If your child is an adolescent, it is possible that he/she will reveal sensitive information regarding sexual contact, alcohol and drug use, or other potentially problematic behaviors. Sometimes these behaviors are within the range of normal adolescent experimentation, but at other times they may require parental intervention. We must carefully and directly discuss your feelings and opinions regarding acceptable behavior. If your child's therapist ever believes that your child is at serious risk of harming him/herself or another, you will be informed.

Although the therapist's responsibility to your child may require involvement in conflicts between the two of you (parents), we need your agreement that the therapist's involvement will be strictly limited to that of which will benefit your child. This means, among other things, that you will treat anything said in session with the therapist as confidential. Neither parent will attempt to gain advantage in any legal proceeding between the



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Name as it appears on the card:

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Billing Address with zip code:

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Billing Address with zip code:

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**Child's Printed Name**

**D.O.B.**

[Redacted]

**Child's Signature**

[Redacted]

**Date**

[Redacted]

**Parent/Guardian Printed Name**

**D.O.B.**

[Redacted]

**Signature**

[Redacted]

**Date**

[Redacted]

**Parent/Guardian Printed Name**

**D.O.B.**

[Redacted]

**Signature**

[Redacted]

**Date**

**\* both parents must sign consent agreement if parents of minor are divorced and/or separated.**