Informed Consent for Adolescent/Child Therapy Services

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Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and make note of any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

Risks and Benefits

Counselling for adolescents/child can have benefits and risks. Since therapy often involves discussing unpleasant aspects of one's life, your child may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. Working through difficult emotions can sometimes lead to an increase in difficult behaviors before the adolescent/child is able to utilize new skills or fully integrate their experiences. On the other hand, counselling has been shown to have benefits for individuals who go through it. Therapy can lead to better relationships, solutions to specific problems, significant reductions in feelings of distress and improved self-esteem. But there are no guarantees of how an adolescent/child will respond. Adolescents/children are unique and holistic beings that sometimes require assistance and support in order to grow and develop to their fullest potential. Counseling can often be beneficial for adolescents/children and their families.

Confidentiality

Therapists who work with adolescents/children have the difficult task of protecting the adolescent's/child's right to privacy while at the same time respecting the parent's or guardian's right to information. Therapy is most effective when a trusting relationship exists between the counsellor and the adolescent/child. Privacy is especially important in securing and maintaining that trust. In my practice, I provide individual counseling to adolescents/children and ensure the caregiver/parent is involved in the process through consultation with them. At times, the parent/caregiver may even participate in the sessions. However, to ensure a child's privacy we will not provide detailed information to the parent/caregiver regarding what the child shared unless the child provides consent. Instead, general themes, ideas and recommendations will be provided as well as support and encouragement to the parent/caregiver. If it is necessary to refer your child to another mental health professional with more specialized skills, we will share that information with you. Other areas of confidentiality will be discussed during the first session with the child/adolescent in the presence of their parent/caregiver to ensure complete understanding and agreement prior to the initiation of counseling.

If I believe that your child may harm themselves or someone else, or if a child or dependent adult has been harmed, I must act to protect your child and others. This may involve informing the police, reporting information to Child Protective Services or Adult Protective Services, seeking emergent hospitalization and/or requesting a court ordered evaluation for continued treatment.

Client Records

Client treatment records are kept for a period of 7 years after termination of therapy or 3 years after the 18th birthday of the client, whichever is longer. Parents have access to their children's treatment records. Parents are usually asked to not request to look at the records as doing so may prevent children from sharing those things necessary for you to progress in treatment. A general statement of progress towards treatment goals will be provided to parents on a regular basis.

Revoking Consent

Both you and your child/adolescent may end the counseling relationship at any time, without penalty or prejudice (with the exception of late cancellations/no shows as identified on the consent for treatment form). While free to discontinue services at any time, it is preferable to have a closing session or phone call, to ensure the adolescent/child understands that counseling is ending and to provide an appropriate closure to the experience. You may also have the right to refuse or discuss modifications of any of my counseling techniques or suggestions that you believe may be harmful.

Fees, Payment and Cancellation

Fees are $200 per 50-minute hour, based on the recommendations of the American Psychological Association. I do not take insurance of any kind. Clients will be charged an appropriate fee for any preparation time that is required to comply with informal or formal requests, case conferences and extended phone calls or e-mail responses. Clients are solely responsible to seek reimbursement from their insurer unless a third party has taken responsibility for payment. Clients needing to cancel or change an appointment are required to provide twenty-four hours' notice. The client will be charged a $100.00 cancellation fee if 24 hours' notice was not provided.

Acknowledgment and Consent

By your signature below, you are indicating that you read and understood this consent form or that any questions you had about this consent form were answered to your satisfaction.

Consent for Treatment of Minors:

I/we consent that my adolescent/child under the age of 18, _____ (name of child) may be treated as a client by Savana Howe, Psy.D. This form is in effect until _____ (date) or until 12 months after the consent was given. Consent can be revoked at any time.

I affirm that I am the legal guardian of (name of child/adolescent)

_____

Date of Birth (child/adolescent)_____.

Parent or Guardian's name (please print)

_____

Parent or Guardian's Signature _____

Date:_____

Parent or Guardian's name (please print)

_____

Parent or Guardian's Signature _____

Date:_____