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Counseling Services, Inc

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Agreement for Meeting with My Therapist

I, _____, agree to meet with the therapist named below, for ____ time(s) per ____, starting on ____/____ /____. Our meetings will last about _____ minutes. When we meet, we may talk, draw pictures, play games, or do other things to help this therapist get to know me better and understand my problems, strengths, and goals.

I understand that my parent(s) or guardian(s) have a right to know about how I am doing in therapy, and that this therapist may talk with them to discuss this. They may also talk about concerns and worries they may have about me. They may talk about things the therapist and I decide my parent(s)/guardian(s) need to know about. Sometimes this therapist may meet with my parent(s)/guardian(s) without me. At other times we may all meet together.

The things I talk about in my meetings with the therapist are private. I understand that this therapist will not tell others about the specific things I tell him or her. He or she will not repeat these things to my parent(s)/guardian(s), my teachers, the police, probation officers, or agency employees. However, there are two exceptions:

• First, because of the law, the therapist will tell others what I have said if the therapist comes to believe I might seriously hurt myself or someone else. This therapist will have to tell someone who can help protect me or the person I have talked about hurting.

• Second, if I am being seriously hurt or threatened by anyone, this therapist has to tell someone for my protection.

Sometimes coming to meetings may interfere with doing other things I would prefer to do. But I also understand that coming to therapy should help me feel or act better in the long run. I understand that sometimes I may not feel good about some things we may talk about in our meetings. Some things we talk about may make me feel angry or sad or frightened. I may feel uncomfortable talking to this therapist because I don't yet know him or her very well. I may feel embarrassed talking about myself or what I have done or what has happened to me. But I understand that these unpleasant feelings may be necessary to make good changes and they will often be temporary. I may find that over time, I will come to trust this therapist and can talk about things that I can't talk to anyone else about. I may learn some new, important, and helpful things about myself and others. I may learn some new and better ways of handling my feelings or coping with my problems. I may feel less worried or angry or depressed and come to feel better about myself.

Any time I have questions or am worried about the things that are happening in therapy, I know I can bring these concerns and worries to this therapist and get explanations I can understand and use. I also know that if my parent(s)/guardian(s) have any questions, the therapist will try to answer them.

I understand that my parent(s)/guardian(s) can stop my coming to therapy if they think that is best. If I decide therapy is not helping me and I want to stop, this therapist will discuss my feelings with me and with my parent(s)/guardian(s). I understand that the final decision about discontinuing counseling is up to my parent(s)/guardian(s).

Our signatures below mean that we have read this agreement, or have had it read to us, and agree to act according to it.

_____

Signature of adolescent consenting to treatment

_____ /_____ /_____ Date

_____

Signature of parent/guardian consenting to treatment

_____ /_____ /_____ Date

_____

Signature of parent/guardian consenting to treatment

_____ /_____/_____ Date

I, the therapist, have discussed the issues above with the minor client and his or her parent(s)/ guardian(s). My observations of their behavior and responses gives me no reason, in my professional judgment, to believe that these persons are not fully competent to give informed and willing consent.

_____

Signature of therapist

_____ /_____ /_____ Date

❑ Copy accepted by client and parent(s)/guardian(s) or ❑ Copy kept by therapist

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.