

In Luck Counseling, LLC

Adolescent Informed Consent Form

What to expect:

The purpose of meeting with a counselor or therapist is to get help with problems in your life that are bothering you or that are keeping you from being successful in important areas of your life. You may be here because you wanted to talk to a counselor or therapist about these problems. Or you may be here because your parent, guardian, doctor or teacher had concerns about you. When we meet, we will discuss these problems. Your therapist will ask questions, listen to you and suggest a plan for improving these problems. It is important that you feel comfortable talking to me about the issues that are bothering you. Sometimes these issues will include things you don't want your parents or guardians to know about. For most people, knowing that what they say will be kept private helps them feel more comfortable and have more trust in their counselor or therapist. Privacy, also called confidentiality, is an important and necessary part of good counseling.

As a general rule, your therapist will keep the information you share with them in your sessions confidential, unless they have your written consent to disclose certain information. There are, however, important exceptions to this rule that are important for you to understand before you share personal information in a therapy session. In some situations, your therapist is required by law or by the guidelines of their profession to disclose information whether or not they have your permission. Here is a list of some of these situations below.

Confidentiality cannot be maintained when:

> You tell your therapist you plan to cause serious harm or death to yourself, and they believe you have the intent and ability to carry out this threat in the very near future. They must take steps to inform a parent or guardian of what you have told them and how serious they believe this threat to be. They must make sure that you are protected from harming yourself.

> You tell your therapist you plan to cause serious harm or death to someone else who can be identified, and they believe you have the intent and ability to carry out this threat in the very near future. In this situation, they must inform your parent or guardian, and they must inform the person who you intend to harm.

> You are doing things that could cause serious harm to you or someone else, even if you do not *intend* to harm yourself or another person. In these situations, your therapist will need to use their professional judgment to decide whether a parent or guardian should be informed.

92 Main St. Suite 201
Warrenton, VA 20186

9681 Main St. Suite C
Fairfax, VA 22031

Office (703) 997-6641
Fax (540) 390-0002
www.inluckcounselingllc.com

In Luck Counseling, LLC

>You tell your therapist you are being abused-physically, sexually or emotionally- or that you have been abused in the past. In this situation, your therapist is required by law to report the abuse to the Virginia Department of Social Services.

>You are involved in a court case and a request is made for information about your counseling or therapy. If this happens, your therapist will not disclose information without your written agreement *unless* the court requires them to. Your therapist will do all they can within the law to protect your confidentiality, and if they are required to disclose information to the court, they will inform you that this is happening.

Communicating with your parent(s) or guardian(s):

Except for situations such as those mentioned above, your therapist will not tell your parent or guardian specific things you share with them in your private therapy sessions. This includes activities and behavior that your parent/guardian would not approve of — or would be upset by — but that do not put you at risk of serious and immediate harm. However, if your risk-taking behavior becomes more serious, then your therapist will need to use their professional judgment to decide whether you are in serious and immediate danger of being harmed. If your therapist feels that you are in such danger, they will communicate this information to your parent or guardian.

Example: If you tell your therapist that you have tried alcohol at a few parties, they would keep this information confidential. If you tell them that you are drinking and driving or that you are a passenger in a car with a driver who is drunk, they would not keep this information confidential from your parent/guardian. If you tell your therapist, or if they believe based on things you've told them, that you are addicted to alcohol, they would not keep this information confidential.

Example: If you tell your therapist that you are having protected sex with a boyfriend or girlfriend, they would keep this information confidential. If you tell them that, on several occasions, you have engaged in unprotected sex with people you do not know or in unsafe situations, they will not keep this information confidential. You can always ask your therapist questions about the types of information they would disclose. You can ask in the form of "hypothetical situations," in other words: "If someone told you that they were doing _____, would you tell their parents?"

Even if your therapist has agreed to keep information confidential – to not tell your parent or guardian – they may believe that it is important for them to know what is going on in your life. In these situations, they will encourage you to tell your parent/guardian and will help you find the best way to tell them. Also, when

92 Main St. Suite 201
Warrenton, VA 20186

9681 Main St. Suite C
Fairfax, VA 22031

Office (703) 997-6641
Fax (540) 390-0002
www.inluckcounselingllc.com

In Luck Counseling, LLC

meeting with your parents, they may sometimes describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you.

[You should also know that, by law in Virginia, your parent/guardian has the right to see any written records your therapist keeps about your sessions. It is extremely rare that a parent/guardian would ever request to look at these records.]

Communicating with other adults:

School: Your therapist will not share any information with your school unless they have your permission and permission from your parent or guardian. Sometimes they may request to speak to someone at your school to find out how things are going for you. Also, it may be helpful in some situations for your therapist to give suggestions to your teacher or counselor at school. If your therapist wants to contact your school, or if someone at your school wants to contact them, they will discuss it with you and ask for your written permission. A very unlikely situation might come up in which they do not have your permission, but both your therapist and your parent or guardian believe that it is very important for them to be able to share certain information with someone at your school. In this situation, your therapist will use their professional judgment to decide whether to share any information.

Doctors: Sometimes your doctor and your therapist may need to work together; for example, if you need to take medication in addition to seeing a counselor or therapist. They will get your written permission and permission from your parent/guardian in advance to share information with your doctor. The only time they will share information with your doctor even if they don't have your permission is if you are doing something that puts you at risk for serious and immediate physical/medical harm.

* * * * *

Adolescent Consent Form & Parent Agreement to Respect Privacy

Adolescent therapy client:

Clicking below indicates that you have reviewed the policies described above and understand the limits to confidentiality. If you have any questions as you progress with therapy, you can ask your therapist at any time.

* * *

92 Main St. Suite 201
Warrenton, VA 20186

9681 Main St. Suite C
Fairfax, VA 22031

Office (703) 997-6641
Fax (540) 390-0002
www.inluckcounselingllc.com

In Luck Counseling, LLC

Parent/Guardian:

Check boxes and sign below indicating your agreement to respect your adolescent's privacy:

I will refrain from requesting detailed information about individual therapy sessions with my child. I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed.

Although I know that in this state I have the legal right to request written records/session notes since my child is a minor, I agree NOT to request these records in order to respect the confidentiality of my adolescent's treatment.

I understand that I will be informed immediately about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the therapist's professional judgment and may sometimes be made in confidential consultation with her consultant/supervisor.

Parent Signature _____
Date _____

Parent Signature _____
Date _____

Therapist Signature _____
Date _____