



Child Therapy Contract

Prior to beginning treatment, it is important for you to understand our approach to child therapy and agree to some rules about your child's confidentiality during the course of his/her treatment. The information herein is in addition to the information contained in the Client Rights and Responsibilities. Under HIPAA and the ACA Ethics Code, we are legally and ethical responsible to provide you with informed consent. As we go forward, we will try to remind you of important issues as they arise.

One risk of child therapy involves disagreement among parents and/or disagreement between parents and the therapist regarding the best interests of the child. If such disagreements occur, your clinician will strive to listen carefully so that we can understand your perspectives and fully explain our 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 of you decides that therapy should end, your clinician will honor that decision, however we ask that you allow me the option of having a few closing sessions to appropriately end the treatment relationship.

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 clinician 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, your clinician will share that information with you. Your clinician will not share with you what your child has disclosed to me without your child's consent. Your clinician will tell you if your child does not attend sessions. At the end of your child's treatment, your clinician will provide you with a treatment summary that will describe what issues were discussed, what progress was made, and what areas are likely to require intervention in the future if requested.

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 we ever believe that your child is at serious risk of harming him/herself or another, your clinician will inform you.



Although our responsibility to your child may require our involvement in conflicts between the two of you, we need your agreement that our involvement will be strictly limited to that which will benefit your child. This means, among other things, that you will

treat anything that is said in session with your clinician as confidential. Neither parent will attempt to gain advantage in any legal proceeding between the two of you from your clinician's involvement with your children. In particular, we need your agreement that in any such proceedings, neither parent will ask your clinician to testify in court, whether in person, or by affidavit. You also agree to instruct your attorneys not to subpoena your clinician or to refer in any court filing to anything that has occurred with regards to therapy involving your child.

Note that such agreement may not prevent a judge from requiring our testimony, even though your clinician will work to prevent such an event. If your clinician is required to testify, we are ethically bound not to give my opinion about either parent's custody or visitation suitability. If the court appoints a custody evaluator, guardian ad litem, or parenting coordinator, your clinician will provide information as needed (if appropriate releases are signed or a court order is provided), but will not make any recommendation about the final decision. Furthermore, if your clinician is required to appear as a witness, the party responsible for our participation agrees to reimburse their clinician at the rate of \$200 per hour, with a minimum 3 hour block paid for in advance, of any appearances for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

Your signature below attests to you having read and understood all of the above information. Moreover, your signature indicates your agreement for your child to become a client of Hope Rising Health Services, LLC.

Client Signature
(Parent/Guardian if under 18)

Date

Clinician Signature

Date
