

SOLUTIONS ... FOR A CHANGE
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PARENTAL AGREEMENT FOR CONFIDENTIALITY
OF CHILD/ADOLESCENT SESSIONS

Dear Parent or Guardian,

A young person is more likely to disclose sensitive information to a counselor if he or she is provided with confidential services and has time alone with the counselor to discuss his or her issues. The most practical reason for clinicians to grant confidentiality to a child or adolescent client is to facilitate accurate and appropriate treatment.

Experienced clinicians recognize that candid and complete information can be gathered only by speaking with the child or adolescent client alone and by clarifying with whom that information will be shared. If an assurance of confidentiality is not extended, this may create an obstacle to the safe environment of the counseling relationship.

Some areas of health and wellness that could be of concern to your young person and might be talked about during an appointment include (though not be limited to):

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|----------------------------------|-----------------------------------|
| ✓ Diet, exercise, and body image | ✓ Working/jobs |
| ✓ Fighting, danger, and violence | ✓ Family Life |
| ✓ Sexuality and sexual behavior | ✓ Depression, anxiety, and stress |
| ✓ Safety and driving | ✓ Peer pressure and school |
| ✓ Smoking, drugs, and alcohol | ✓ Relationships |

I am consistent in my encouragement that young people share information about their emotional and mental health with their parents and guardians. There may, however, be some things your son or daughter would rather talk about exclusively with me as their counselor -- it is in those instances that this agreement is most applicable.

Because work with a young person is generally more productive when they are given the assurance of safety and privacy in their relationship with a counselor, it is also generally more productive if parents voluntarily agree to not request information about their young person's session. With the absolute exception of any instance where safety of your son or daughter is in question, I ask your permission to keep what is discussed with your child or adolescent in our sessions confidential. By that word "confidential", I mean I will only share information with you if your son or daughter agrees it is permissible to do so.

By your signature as parent or guardian below, you agree that (1) we have all discussed this issue and (2) you grant me the discretion to apply my professional judgment in determining what information concerning treatment issues for your child or adolescent is appropriate to share and what information shall remain confidential.

Parent/Gaurdian

Date