

Edmondson Counseling Services, PC

5009 N. Pennsylvania, Suite 116 Oklahoma City, Oklahoma 73112

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Consent to Treatment of Minor / Child Therapy Contract

Prior to beginning treatment, it is important for us to have clarity regarding my approach to child therapy and for us to agree to some guidelines about your child's confidentiality during the course of his/her treatment. The information herein is in addition to the information contained in the patient-therapist agreement. Under HIPAA and ethics codes, I am legally and ethically responsible to provide you with informed consent. As we go forward, I will try to remind you of important issues as they arise.

Although my responsibility to your child may require my involvement in conflicts between custodial parents, it is my hope that my involvement will be strictly limited to that which will benefit your child. If required to testify, I am ethically bound not to give my opinion about either parent's custody or visitation suitability. I will provide basic information as needed if court order is provided, but I will not make any recommendation about the final decision. If I am required to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of \$225.00 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case-costs.

Therapy is most effective when a trusting relationship exists between the therapist and the patient. Privacy is especially important in securing and maintaining that trust. One goal of treatment is to promote a stronger relationship between children and their parents. 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.

It is my policy to provide you with general information about treatment status. I will not typically share with you what your child has disclosed to me without your child's consent. I will tell you if your child does not attend sessions. If your child is an adolescent, it is possible that he/she will reveal sensitive information regarding sexual contact, alcohol and drug use, or potentially problematic behaviors. Sometimes these behaviors are within the range of normal adolescent experimentation, but at other times they may require parental intervention. If I ever believe that your child is at serious risk of harming him/herself or another, I will inform you.

I hereby give consent for Edmondson Counseling, PC and the staff and employees to treat:

_____ as a client/patient as of this date, _____.

_____ Signature of Parent/Guardian Date: _____

_____ Signature of Witness Date: _____