

## **Contract of Confidentiality of Child's Therapy Treatment**

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.

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, but also for younger children. By signing this agreement, you will be **waiving any right of access to your child's treatment records**.

It is our policy to provide you with general information about treatment status. We will not share with you what your child has disclosed to us without your child's consent. At the end of your child's treatment, we will provide you with feedback that will describe what issues were discussed, what progress was made, and what areas are likely to require intervention in the future.

If your child is an adolescent, it is possible that he/she will reveal sensitive information regarding problematic behaviors. **If we believe that your child is at serious risk of harming him/herself or another, we will inform you.**

Although our responsibility to your child may require involvement in conflicts between the two parents you will treat anything that is said in session as confidential. Neither parent will attempt to gain advantage in any legal proceeding from our involvement with your children. In particular, we need your agreement that in any such proceedings, neither of you will ask us to testify in court, whether in person, or by affidavit. You also agree to instruct your attorneys not to subpoena or to refer in any court filing to anything we have said or done.

I have read and understand all the information provided in this document.

Name of Parent:

Signature of parent:

Date:

## Abbreviated Contract Draft

- If you decide to terminate treatment, I have the option of having a few closing sessions with your child to properly end the treatment relationship.
- You are waiving your right to access to your child's treatment records.
- I will inform you if your child does not attend the treatment sessions.
- At the end of treatment, I will provide you with a summary that includes a general description of goals, progress made, and potential areas that may require intervention in the future.
- If necessary to protect the life of your child or another person, I have the option of disclosing information to you without your child's consent.
- You agree that my role is limited to providing treatment and that you will not involve me in any legal dispute, especially a dispute concerning custody or custody arrangements (visitation, etc.).
- You also agree to instruct your attorneys not to subpoena me or to refer in any court filing to anything I have said or done.
- If there is a court appointed evaluator, and if appropriate releases are signed and a court order is provided, I will provide general information about the child which will not include recommendations concerning custody or custody arrangements.
- If, for any reason, I am required to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of \$XXX per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

Any use of recording devices by participants for any purpose whatsoever during children's first sessions is strictly prohibited.

1. I will, under no circumstance, for any purpose, bring into a session any recording devices.
2. I will respect the confidentiality of my child(ren)'s therapeutic sessions and will not request that those confidences be revealed to me.
3. I will, under no circumstances, request that the clinician or anyone associated with the agency, staff member or administrator, repeat, reveal or testify to any information disclosed in the sessions or client record.
4. I have read and understand all the information provided in this document.

Signature of parent: