



CLARITY THERAPY
NYC

Informed Consent to Child Psychotherapy

This form document that I, _____, (the "parent/guardian") give my consent and agreement to Clarity Therapy to provide psychotherapeutic treatment to my child, _____, (the "child") and to include myself, as necessary, as an adjunct in the child's treatment.

While I, as parent/guardian, can expect benefits from this treatment for my child, I fully understand that no particular outcome can be guaranteed. I understand that I am free to discontinue treatment of the child at any time but that it would be best to discuss with the psychotherapist any plans to end therapy before doing so.

I have fully discussed with the psychotherapist what is involved in psychotherapy and understand and agree to the policies about scheduling, fees and missed appointments. I have been informed about and understand the extent of treatment, its foreseeable benefits and risks, and possible alternative methods of treatment. I understand that therapy can sometimes cause upsetting feelings to emerge, and that my child's problems may worsen temporarily before improving.

I understand that the psychotherapist cannot provide emergency service. The psychotherapist has told me whom to call if an emergency arises and the psychotherapist is unavailable.

I understand that information about psychotherapy is almost always kept confidential by the psychotherapist and not revealed to others besides the parent/guardian unless a parent/guardian authorizes such release. There are a few exceptions as follows:

1. The psychotherapist is required by law to report suspected child abuse or neglect to the proper authorities. The psychotherapist is also mandated to report to the authorities patients who are at imminent risk of harming themselves or others.
2. If a child tells the psychotherapist that he/she/they intends to harm another person, the psychotherapist must try to protect the endangered person, including informing the police, the endangered person and other health care providers. Similarly, if a child threatens to harm themselves, or a child's life or health is in any immediate danger, the psychotherapist will try to protect the child, including, as necessary, by informing the police and other health care providers, who may be able to assist in protecting the child.



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3. If a child is involved in certain court proceedings the psychotherapist may be required by law to reveal information about the child's treatment. These situations include child custody disputes, cases where a patient's psychological condition is an issue, lawsuits or formal complaints against the psychotherapist, civil commitment hearings, and court-ordered treatment.

4. If the parent/guardian requests that claims be submitted to the child's insurance on their behalf, certain personal health information including, but not limited to, name, demographic information, date of service, and diagnosis, will be submitted to the insurance company.

5. The psychotherapist may consult with other healthcare professionals about the child's treatment, but in doing so will not reveal the child's name or other information that might identify the child unless specific consent to do so is obtained from a parent.

In all of the situations described above, the psychotherapist will try to discuss the situation with the client and guardian before any confidential information is revealed, and will reveal only the least amount of information that is necessary.

The parent or guardian has rights to general information about what takes place in the child's therapy, to information about the child's progress in therapy, to information about any dangers the child might present to self or others, and, upon request, to obtain copies of the child's treatment record (with certain qualifications and exceptions). I understand that it is usually best not to ask for specific information about what was said in therapy sessions because this might break the trust between the child and the psychotherapist, especially for children over the age of 12.

I agree that in the event custody of, or visitation with, the child is contested in a legal proceeding, neither the parent/guardian nor their attorney will require the psychotherapist to testify at any of the proceedings, because to do so could hurt the child's treatment, because the psychotherapist's role is a therapeutic and not evaluative one, and because other forensic professionals would be better able and more appropriate to conduct any necessary evaluation. Because of these limitations, the psychotherapist also will not be able to give any opinion regarding custody, visitation or any other legal issue. If such a proceeding does occur, the parent/guardian agree that the psychotherapist's role will be limited to providing to a mental health professional appointed to perform such an evaluation, and/or to the attorneys, law guardian, if any, and the judge involved in the legal proceeding, written information regarding, and/or the record of, the child's treatment; the psychotherapist will provide these either as required by law or upon the authorization of parent/guardian.



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I agree to cooperate with the treatment plan of the psychotherapist for my child and understand that without mutual cooperation, the psychotherapist may not be able to act in the child's best interests and may have to end therapy. I understand that I may be requested by the psychotherapist to be a part of my child's treatment and that my cooperation in treatment may be important to my child's treatment.

I understand that I am fully financially responsible for treatment, including any portion of the fees not reimbursed by health insurance.

I understand that I have a right to ask the psychotherapist about the psychotherapist's training and qualifications and about where to file complaints about the psychotherapist's professional conduct.

By signing below, I am indicating that I have read and understood this agreement, that I give consent to the psychotherapist's treatment of the child, and that I have the proper legal status to give consent to therapy for the child.

Signature: _____ Date: _____
(of parent/guardian)

Signature: _____
(of parent)

Signature: _____
(of child over 12 years of age)