



CONSENT FOR TREATMENT OF MINOR CHILD

Prior to beginning treatment, it is important for you to understand the therapist's 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 New Patient Financial Agreement and Privacy Policy. Under HIPAA and the APA Ethics Code, the therapist is legally and ethically responsible to provide you with informed consent. As we go forward, the therapist 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 therapist regarding the best interests of the child. If such disagreements occur, the therapist will strive to listen carefully so that he/she can understand your perspectives and fully explain his/her 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 you decide that therapy should end, the therapist will honor that decision, however the therapist asks that you allow him/her 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 patient. 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 agree not to request access to your child's treatment records unless absolutely necessary.
- It is our policy to provide you with general information about treatment status. The therapist 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, the therapist will share that information with you. The therapist will not share with you what your child has disclosed to him/her without your child's consent, unless, of course, the child or someone else is at risk (explained in the next point). The therapist 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 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 the therapist ever believes that your child is at serious risk of harming him/herself or another, the therapist will inform you.
- Although the therapist's responsibility to your child may require his/her involvement in conflicts between the two of you, the therapist needs your agreement that his/her 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 the therapist as confidential. Neither of you will attempt to gain advantage in any legal proceeding between the two of you from the therapist's involvement with your children. In particular, the therapist needs your agreement that in any such proceedings, neither of you will ask the therapist to testify in court, whether in person, or by affidavit. You also agree to instruct your attorneys not to subpoena the therapist or to refer in any court filing to anything the therapist has said or done. Having your child see a BHC therapist means that you understand that the therapist's role is not as an evaluator (not hired as a custody evaluator) and therefore cannot give opinions.

Note that such agreement may not prevent a judge from requiring the therapist's testimony, even though the therapist will work to prevent such an event. If the therapist is required to testify, the therapist is ethically bound not to give his/her opinion about either parent's custody or visitation suitability. If the court appoints a custody evaluation, guardian ad litem, or parenting coordinator, the therapist will provide information as needed (if appropriate releases are signed or a court order is provided), but the therapist will not make any recommendation about the final decision. Furthermore, if the therapist is required to appear as a witness, the party responsible for the therapist's participation agrees to reimburse BHC at the rate of \$375.00 per hour for the therapist's time spent traveling, preparing reports, testifying, being in attendance, and any other care-related costs.



Behavioral Health Clinic

I, _____, parent/legal guardian of _____ have received a written copy of and understand the following documents: the New Patient Financial Agreement which includes Client Rights and the Privacy Policy and the Consent for Treatment of a Minor Child. I am aware that I may contact Behavioral Health Clinic (BHC) during normal business hours (at 715-842-9500) if I have a question about Client Rights, Privacy Policy, Financial Agreement, or my child’s treatment.

Please check one:

- _____ I have no concerns regarding my child that I want included in the treatment plan.
- _____ I have the following concerns related to my child and would like them addressed in the plan for treatment plan (e.g., list basic issue(s) here and share a more detailed description when you meet with therapist).
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____

Please check all that apply:

- _____ Upon completion, please send me a copy of the treatment plan.
- _____ I intend to attend appointments as much as I am able.
- _____ I am not able to attend any appointments and would like to be informed of any substantial changes to the treatment plan.
- _____ I am not able to attend any appointments and do not require any further information from BHC.

- From time to time, parents/legal guardians may not be in agreement on appointment times. Please note that no scheduled appointments will be cancelled without the parent/legal guardian that made the appointment notifying this office of the cancellation.
- A separate consent shall be signed by each parent/legal guardian as applicable to ensure each party’s intentions and consent are clarified.

I hereby give my consent for my child to receive treatment at BHC.

Signature	Printed Name	Date
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Circle One: Father Mother Legal Guardian

Address: _____

Phone: _____ Email: _____

(06/23/2017)