

## Parental Agreement for Treatment of Minors

A minor is considered a child less than 14 years of age. Children over 14 have the same confidentiality principles as adults and I am bound by law to respect your child's confidentiality. Please be aware of the limitations of confidentiality in matters such as safety. Please read through this consent form entirely before signing your agreement to these terms.

1. I am a Quebec licensed Marital and Family Therapist as well as a licensed Art Therapist, with a special interest in helping children and their families through conflict and transition.
2. My interest in serving as your child's psychotherapist is to help to meet his/her social and emotional needs. To this end, I will serve as your child's ally, not as an ally to either of you. Please be aware that winning the trust and making substantive use of psychotherapy with a child who is experiencing significant life stress and conflict can be a difficult and time consuming process.
3. It is recommended that parents work to co-parent respectfully. It is very damaging to a child to have parents in conflict. To this end, I recommend that progress report sessions be given to parents together so as to optimize teamwork and care giving. However, I understand that sometimes this is an impossibility and will agree to meet with parents separately. In this case, it is important that parents work towards the goal of achieving an amicable, open and consistent co-parenting relationship for the sake of their children. This is vital for successful therapy to occur.
4. In order to maximize the potential of meeting your child's needs, I must ask that:
  - a) Neither of you disparage the therapy to or around your child at any time. Your active support of the therapy as a positive and healthy environment is critical to this process. Please bring any questions or concerns about the therapy directly to me.
  - b) Neither of you withdraw the child from psychotherapy unilaterally. The decision to terminate therapy must be made mutually by the two of you or at my recommendation.
  - c) Both of you remain in close touch with me regarding your child's well being and the progress of this psychotherapy. It is recommended that monthly sessions be scheduled with parents to discuss and give updates concerning your child. If this is inconvenient, I will be available by phone. Please note that telephone conversations beyond scheduling will be charged as a full therapeutic hour.
5. My purpose in providing this service is to meet your child's social and emotional needs, not to participate in any litigation. To this end, I will resist any effort to introduce this work into the legal process. Please recognize that introducing the content of this psychotherapy into litigation is very likely to compromise your child's trust and to potentially do your child harm. I do not provide assessments or recommendations in support of legal actions such as child custody, competency evaluations, law suites or criminal charges. I will disclose information with the consent of both parents to other mental health professionals.

6. I will not have an opinion regarding custody matters within the limits of safety. I will only report to you the information that the child discloses and will work with you both to best address the child's needs.

7. My time in conducting psychotherapy with your child will be charged at one hundred dollars per hour, due in full at the time of service. I will ask that you negotiate any cost sharing or insurance reimbursement independently and in advance of our meetings. Sessions are usually 50 minutes in length and take place weekly. Longer and more frequent sessions may be arranged by mutual agreement.

8. Should my work with your child be introduced into litigation in any way at any time, my time will be charged at one hundred and fifty dollars per hour, specifically as a disincentive. In this instance, I may require receipt of an advance retainer equal to the anticipated charges.

I have read and understood the above and consent to the conditions described for the duration of my child's therapy.

Name & Signature of Parent \_\_\_\_\_

Name & Signature of Parent \_\_\_\_\_

Date: \_\_\_\_\_

