



**Ventura Community Counseling**  
*build a healthy relationship with the heart and mind*

## **Child/Adolescent Consent to Treatment**

### **What to expect from therapy:**

You can expect that I will do my best to understand your concerns. I will listen non-judgmentally and provide an opportunity for you to learn more about yourself and hopefully together we will find better solutions to the challenges in your life.

You can expect that what we discuss will be kept private.

### **There are a few exceptions to your confidentiality.** These are:

1. You tell me that you plan to hurt yourself or someone else.
2. You tell me that you are being abused physically, sexually, or emotionally, or that you have been abused in the past.
3. You are involved in a court case and a request is made for information about your counseling or your therapy.
4. You tell me that you are or have engaged in a sexual relationship with someone who is significantly older than you. In most cases I would be required by law to report this to Child Protective Services.

**For the most part, communications with your parent or guardian will remain private.**

### **However, there are a few exceptions:**

1. If I do hear that you are involved in risk-taking behavior that becomes serious, then I will need to use my professional judgment to decide whether I must inform your parent/guardian, or we will discuss how to share this with your parent(s) together.
2. Even though I am committed to keeping your information confidential, I may believe that it is important for your parent/guardian to know what is going on in your life. In these situations we will work together to find the best way to discuss these things with your parent(s).
3. When meeting with your parents I will discuss challenges and progress that you have made in counseling. Generally speaking, I will talk about themes rather than specifics. The purpose of meeting with your parent(s) is to support our work together and to facilitate improved family relationships.

**What I expect from you:**

1. You agree to attend sessions as scheduled and participate to the best of your ability.
2. You agree to participate in sessions and take an active role in making positive life changes.
3. You agree to talk with me if you have thoughts or feelings about harming yourself or someone else.

**Your Parent/Guardian agrees to:**

1. Support your treatment by doing their best to arrange for regular attendance.
2. Make themselves available for parenting consultations and/or family meetings as requested by the therapist.
3. Be supportive of the counseling process.

**Other information to know:**

**Licensed MFT**

I am a licensed Marriage and Family Therapist. Although I am not required to engage in clinical supervision, at times, I may discuss your case with another licensed Marriage and Family Therapist if needed. All client cases are reviewed to assure quality and appropriateness of treatment. The utmost care is taken to preserve your confidentiality.

**Benefits/Possible Risks:**

Therapy will seek to meet goals established by all persons involved, usually revolving around a specific presenting problem. A major benefit that may be gained from participating in therapy includes a better ability to handle or cope with marital, family, and other interpersonal relationships. Other benefits relate to life changes resulting from resolution of concerns addressed in therapy.

Although there is an expectation that there are benefits from psychotherapy, there is no guarantee that this will occur. Nor is there any guarantee concerning the required duration of treatment. Progress in therapy will be reviewed periodically between client and therapist. The client can inquire about nature, length, cost, and consequences of treatment at any time, and is free to discontinue treatment at any time.

Therapy may deal with sensitive or difficult topics, may elicit uncomfortable emotions, and may lead to individual decisions that are at least temporarily disruptive for oneself and family.

**Record Keeping:**

I understand that my therapist may take notes during sessions and that my therapist may produce other notes and records relevant to my psychotherapeutic treatment. These notes may include clinical and business records, which by law, my therapist is required to maintain. Such records are the sole property of Ventura Community Counseling. Should I request a copy of my

therapist's records, I understand that, under California law, my therapist reserves the right to provide me with a treatment summary in lieu of actual records.

**Patient Litigation:**

Therapist will not voluntarily participate in any litigation, or custody dispute in which Patient and another individual, or entity, are parties. Therapist has a policy of not communicating with Patient's attorney and will generally not write or sign letter, report, declarations, or affidavits to be used in Patient's legal matter. Therapist will generally not provide records or testimony unless compelled to do so. Should Therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Patient, Patient agrees to reimburse Therapist for any time spent for preparation, travel, or other time in which Therapist has made him/herself available for such an appearance at Therapist's usual and customary hourly rate of \$100.00/hour.

**Psychotherapist-Patient Privilege:**

The information disclosed by Patient, as well as any records created, is subject to the psychotherapist-patient privilege. The psychotherapist-patient privilege results from the special relationship between Therapist and Patient in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. Typically, the patient is the holder of the psychotherapist-patient privilege. If Therapist received a subpoena for records, deposition, testimony, or testimony in a court of law, the Therapist will assert the psychotherapist-patient privilege on Patient's behalf until instructed, in writing, to do otherwise by Patient or Patient's representative. Patient should be aware that he/she might be waiving the psychotherapist-patient privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding. Patient should address any concerns he/she might have regarding the psychotherapist-patient privilege with his/her attorney.

**Acknowledgment:**

By signing below, I acknowledge that I have reviewed and fully understand the terms and conditions of this Agreement. I have discussed these terms and conditions with Therapist, and have had questions answered to my satisfaction. I agree to abide by the terms and conditions of this Agreement and consent to participate in psychotherapy with Therapist. Moreover, I agree to hold Ventura Community Counseling and Therapist and any Clinical Supervisors involved free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

I have read the above terms and conditions and understand them.

Minor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_