



PARENTAL AGREEMENT FOR CONFIDENTIALITY OF ADOLESCENT SESSIONS

Dear Parent or Guardian,

A young person is more likely to disclose sensitive information to a counselor if he or she is provided with confidential services and has time alone with the counselor to discuss his or her issues. The most practical reason for clinicians to grant confidentiality to an adolescent client is to facilitate accurate and appropriate treatment.

Experienced clinicians recognize that candid and complete information can be gathered only by speaking with the adolescent patient alone and by clarifying with whom the information will be shared. If an assurance of confidentiality is not extended, this may create an obstacle to the safe environment of the counseling relationship.

Some areas of teenage health that we may talk about during the appointment are:

- Diet, exercise, and body image
- Working/Jobs
- Fighting, danger, and violence
- Depression and stress
- Sexuality and sexual behavior
- Peer pressure and school
- Safety and driving
- Relationships
- Smoking, drugs, and alcohol
- Family life

I encourage teenagers to share information about their emotional and mental health with their parents or guardians. However, there will be some things that your teenage son or daughter would rather talk about exclusively with a counselor.

Work with an adolescent is generally more productive if parents voluntarily agree to not request information about the adolescent's private session. I ask your permission to keep what is discussed in our sessions confidential. "Confidential" means I will only share information with you if your teenage son or daughter says it's alright. The counselor agrees to share with the parent(s) any information which is necessary for the safety of the adolescent.

I agree that the therapist will determine what information, in his or her professional judgment, is appropriate to be shared with the parent/guardian(s) concerning treatment issues, and what information, in the discretion of the therapist, will remain confidential between my adolescent child and the therapist.

Signature of Parent/Guardian: _____ Date: _____

Signature of Adolescent: _____ Date: _____

Signature of Counselor: _____ Date: _____