



Families First Counseling Services  
Jeffrey N. Rose Ed.S., LMFT

### CONSENT FOR SPECIAL CIRCUMSTANCES

#### CHILDREN AND ADOLESCENTS AGES 15 AND UNDER:

At these ages, child clients are considered dependents and confidentiality belongs to the legal parent/guardian(s). It should be explained to a child that there is a difference between privacy and confidentiality; therefore, a child can expect that their communications be kept private unless it is the judgment of the therapist that parents need to be brought in on a particular issue. Examples might include (but are not limited to), safety concerns, medical issues, family dynamics, or other situations in which the parent may be needed as a resource.

#### CHILDREN OF DIVORCED/SEPARATED PARENTS:

Although these situations can be difficult and delicate, there are certain legal and ethical guidelines that follow.

#### CONSENT FOR TREATMENT MUST BE OBTAINED FROM BOTH PARENTS

- Unless sole legal custody is documented. I will require that a copy of this document be kept in my file.
- Unless sole custody is established, both parents have a right to communicate with me regarding treatment issues. I have the right to communicate with either/both parents regarding treatment issues based on my clinical judgment. All written communications will be copied to both parents.
- Because the child is the client, it is my job to work as an advocate for the welfare of the child. Unresolved marital conflicts may require treatment in another therapeutic setting.

I understand or have discussed any questions:

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Child signature \_\_\_\_\_ Date \_\_\_\_\_

#### ADOLESCENTS AGES 16, 17, 18 YEARS OLD and SOME COLLEGE STUDENTS:

At these ages in SC, confidentiality belongs to the client. I am aware that in most cases, children may still legally dependent, living at home, and those parents are likely paying for therapy; nonetheless, this is the law.

#### I MUST HAVE THE WRITTEN CONSENT OF THE CLIENT TO COMMUNICATE WITH PARENTS.

It is my general philosophy to facilitate communication between adolescents and their families and will attempt to bring parents' concerns into the therapy. When I deem it clinically important, periodic family meetings will be requested.

If an adolescent client is engaged in risky behavior, I operate under the same principles that apply to adult clients, working toward therapeutic remediation of the problem. The dangerousness of the behavior is a clinical judgment and in circumstance in which an adolescent refuses to cooperate with treatment recommendations, it may be necessary to terminate treatment.

Information received from parents via phone calls, voice mail, written communication will not generally be kept secret as this impedes the therapeutic process and relationship.

I understand or have discussed any questions.

Client signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**COUPLES THERAPY:**

The purpose of therapy is for reconciliation and healing and is at cross-purposes of a legal action, which is adversarial by definition. No information may be released for either party without the written consent of both parties because technically, the relationship is the client. This makes all information from the therapy available to both sides. Therefore, I find it in the best interest of the therapeutic process for both parties to agree not to subpoena the therapist for either side in the event of a divorce or custody trial.

I agree not to subpoena therapy records in the event of a legal proceeding.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Additionally, information received from either party via phone calls, voice mail, written communication will not generally be kept secret as this impedes the therapeutic process and relationship.

Both Parties Please Initial: **I understand: Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**FAMILY THERAPY:**

In family therapy, the family is the client. No information may be released without the written consent of all parties to whom confidentiality belongs. As outlined in the couples' therapy section (above), I find it in the best interest of the therapeutic process for all parties to agree not to subpoena the therapist in the event of a legal proceeding.

I agree not to subpoena therapy records in the event of a legal proceeding.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Additionally, information received from any party via phone calls, voice mail, written communication will not generally be kept secret as this impedes the therapeutic process and relationship.

All parties please initial: **I understand: Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_