



Royalton Psychological Associates, LLC

CHILD THERAPY TERMS AND CONDITIONS

Prior to beginning treatment, it is important for you to understand my approach to child therapy and agree to some rules about your child's confidentiality during the course of his/her treatment. Please read this document carefully and be sure you understand it, as your signature below indicates your agreement to abide by the terms and conditions contained herein, in addition to the INFORMED CONSENT / SERVICE CONTRACT. Under HIPAA and the APA Ethics Code, I am legally and ethically responsible to provide you with informed consent that explains the treatment I provide and its risks and benefits. As we go forward, I 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, I will strive to listen carefully so that I can understand your perspectives and fully explain my perspective. Ultimately, if we cannot resolve such disagreements or agree to disagree in a way that still facilitates your child's therapeutic progress, you may decide that therapy should end, and I will honor that decision. In addition, if your child decides that he or she does not want to continue treatment, I reserve the right to honor that decision and end the therapy, even if the child's decision conflicts with your desires. In the event that therapy is terminated, however, I ask that you consider having a few closing sessions to appropriately end the treatment relationship.

By signing this agreement, you agree to waive your right of access to your child's treatment records. Therapy is most effective when a trusting relationship exists between the psychologist and the client, and privacy is especially important in securing and maintaining that trust. Although one goal of treatment is to promote a stronger and better relationship between children and their parents, 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.

My policy is to provide you with general information about treatment status, but I will not share with you what your child has disclosed to me without your child's consent. I will raise general issues with you that may impact your child, either inside or outside the home, and I will inform you if your child does not attend sessions. If it is necessary to refer your child to another mental health professional with more specialized skills, I will share that information with you. At the end of your child's treatment, I will provide you with a verbal treatment summary that describes what issues were discussed, what progress was made, and what areas are likely to require intervention in the future.

Client Name: _____

If I ever believe that your child is at serious risk of harming him/herself or another, I will inform you and, if necessary, the appropriate governmental authorities. 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. You agree to carefully and directly explain your feelings and opinions regarding acceptable behavior at the outset of your child's treatment so that if your child later manifests such potentially problematic behavior, I can determine whether and when I should disclose it to you and invite your intervention.

Although my treatment of your child may involve me in conflicts between you and your spouse or another guardian, my responsibility is solely to ensure your child's well-being, and I will make every effort to handle any such conflict in a way that benefits your child. This means, among other things, that you agree to treat anything that is said in session with me as confidential and that you will not attempt to gain advantage in any legal proceeding from my involvement with your child. In particular, you agree that you will not ask me to testify in any such legal proceedings, whether in person or by affidavit. You also agree to instruct your attorneys not to subpoena me or to refer in any legal filing to anything I have said or done.

I may be required to testify by a judge, even though I will work to prevent such an event, but I am ethically bound not to give my opinion about a parent's custody or visitation suitability. If the court appoints a custody evaluator, guardian ad litem, or parenting coordinator, I will provide information as needed if appropriate releases are signed or a court order is provided, but I will not make any recommendation about the ultimate outcome of the proceeding. Furthermore, if I am required by a court to appear as a witness, you agree to reimburse me at the rate of \$150 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

Guardian Signature & Date

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