



PRIVACY OF INFORMATION SHARED IN THERAPY: YOUR RIGHTS AS AN ADOLESCENT AND MY POLICIES

You may be starting therapy because you wanted to get help with things that are bothering you or that are keeping you from being successful in important areas of your life. Or you may be here because your parent, doctor, or teacher had concerns. When we meet, we'll discuss these issues. I'll ask questions, listen to you, and may suggest a plan. It's important that you feel comfortable talking to me about what's bothering you, including things you don't want your parents to know. Most people feel more comfortable and have more trust in their therapist if they know that what they say will be kept private. Privacy (also called confidentiality) is an important and necessary part of therapy.

As a general rule, I will keep the information you share with me in our sessions confidential, unless I have your consent to disclose it. But there are important exceptions which you should understand before you share personal information with me. In some situations, I am required by law or by the guidelines of my profession to disclose information whether or not I have your permission. I have listed some of these situations below.

Confidentiality cannot be maintained when:

- You tell me you plan to cause serious harm or death to yourself, and I believe you have the intent and ability to carry out this threat in the very near future. I must take steps to inform a parent or guardian of what you have told me and how serious I believe this threat to be. I must make sure that you are protected from harming yourself.
- You tell me you plan to cause serious harm or death to someone else who can be identified, and I believe you have the intent and ability to carry out this threat in the very near future. In this situation, I must inform your parent or guardian and I must inform the person whom you intend to harm.
- You are doing things that could cause serious harm to you or someone else, even if you do not *intend* to harm yourself or another person. In these situations, I will need to use my professional judgment to decide whether a parent or guardian should be informed.
- You tell me you are being abused (physically, sexually or emotionally) or that you have been abused in the past. In this situation, I am required by law to report the abuse to the Virginia Department of Social Services.
- You are involved in a court case and a request is made for information about your therapy. If this happens, I will not disclose information without your written agreement *unless* the court requires me to. I will do all I can within the law to protect your confidentiality, and if I am required to disclose information to the court, I will inform you.

COMMUNICATING WITH YOUR PARENT(S) OR GUARDIAN(S)

Except for situations mentioned here, I will not tell your parent or guardian specific things you share with me in our private therapy sessions. This includes many activities and behavior that your parent/guardian would not approve of (or would be upset by) but that don't put you at risk of serious and immediate harm. But if your risky behavior becomes more serious, I will need to use my professional judgment to decide if you are in serious and immediate danger. If I feel that you are in danger, I will communicate this to your parent or guardian.

Example: If you tell me that you've tried alcohol at a few parties, I'd keep this information private. If you tell me that you're drinking and driving or that you're a passenger in a car with a driver who is drunk, I wouldn't keep this information private from your parent/guardian. If you tell me, or if I believe based on things you've told me, that you are addicted to alcohol, I wouldn't keep this information private.

You can always ask me questions about the types of information I would disclose. You can ask in the form of "hypothetical situations." In other words: "If someone told you that they were doing _____, would you tell their parents?"

Even if I've agreed to keep information confidential (to not tell your parent/guardian) I may believe that it's important for

them to know something that's going on in your life. In these situations, I'll encourage you to tell your parent/guardian and will help you find the best way to tell them.

I'll also meet with your parents periodically one-on-one to give them general updates on our work or to address any concerns they may have. When meeting with them, I may describe issues in general terms in order to help them know how to be more helpful to you. I'll do my best to tell you before I meet with your parents, so you and I can discuss it.

You should also know that, by law in Virginia, your parent/guardian has the right to see any written records I keep about our sessions. It is extremely rare that a parent/guardian would ever request to look at these records.

COMMUNICATING WITH OTHER ADULTS

I won't share information with your school unless I have permission from you and your parent/guardian. Sometimes I may ask to speak to someone at your school to find out how things are going for you. It may be helpful in some situations for me to give suggestions to a teacher or school counselor. If I want to contact your school or if someone at your school wants to contact me, I'll discuss it with you and ask for your permission. A very unlikely situation might come up in which I don't have your permission, but both your parent/guardian and I believe it is very important for me to be able to share information with someone at your school. In this case, I'll use my professional judgment to decide whether to share information.

Sometimes your doctor and I may need to work together; for example, if you need to take medication in addition to seeing a therapist. I'll get your written permission and permission from your parent/guardian to share information with your doctor. The only time I will share information with your doctor without your permission is if you are doing something that puts you at risk for serious and immediate physical/medical harm.

OUR AGREEMENT

ADOLESCENT CLIENT

Signing below indicates that you have reviewed the policies described above and understand the limits to confidentiality. If you have any questions as we progress with therapy, you can ask me at any time.

Adolescent's Signature: _____ Date _____

PARENT/GUARDIAN(S)

Please note: This must be initialed and signed by both parents, except in extenuating circumstances.

Initial each line and sign below indicating your agreement to respect your adolescent's privacy:

_____ I will refrain from requesting detailed information about therapy sessions with my child. I understand that I will be provided with periodic updates about general progress and/or may be asked to participate in sessions as needed.

_____ Although I know I have the legal right to request written records/session notes since my child is a minor, I agree NOT to request these records, as a way of respecting the confidentiality of my adolescent's treatment.

_____ I understand that I will be informed about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the therapist's professional judgment and may sometimes be made in confidential consultation with a professional colleague consultant.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Therapist Signature _____ Date _____