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INFORMED CONSENT REGARDING OUT-PATIENT CHILD PSYCHOTHERAPY

California law requires that parents or legal guardians be provided with information to allow them to make informed decisions about their child's participation in psychotherapy. This document provides information on risks and benefits of psychotherapy, medical concerns, assessment, the need for children and adolescents to have confidential psychotherapy, collateral contacts, treating children of separated or divorced families, professional records, confidentiality from third parties, alternative treatments, diagnoses, treatment plan, length of treatment, psychotherapy fees, cancellations, and emergencies. Please read this information carefully, ask your child's therapist any questions you may have, and as these issues are understood, please initial in the places provided.

Risks and Benefits of Psychotherapy

Most children receiving psychotherapy are experiencing psychological problems that cause internal distress and/or problems in their relationships. The goal of psychotherapy is reduction of such problems. Failure to obtain needed psychotherapy often results in an exacerbation of psychological problems. However, some children experience an exacerbation of problems or different problems in the course of psychotherapy.

These problems can include increases in anxiety, depression, sadness, sleep disturbances, eliminatory disorders, intrusive thoughts, flashbacks, self-destructive or angry impulses, behavior problems, social problems, academic problems, suicidality, and problems in family relationships. Hospital care or residential treatment may be required.

Children in psychotherapy benefit from having a strong support system, including family, friends, and a supportive school environment. For many children, cultural and religious affiliations are important. Expressive activities, such as play, art, writing, music, exercise, are also important for mental health of children. Other treatment modalities, such as family therapy, group therapy, 12-step groups, support groups, and medication, may be helpful. Your child's therapist will provide referrals to help develop a support system at your request.

In most cases, therapy eventually improves a child's sense of well-being and relationships. It is not always possible to predict the outcome for an individual. Given this knowledge, the decisions to begin, continue, or terminate therapy for a child generally belong to a child's parents.

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Medical Concerns

Your child's psychotherapist is not a medical doctor and therefore cannot recognize or diagnose medical conditions. It is essential that you obtain a medical examination for your child to determine any medical origins of his or her psychological problems. Not being a medical doctor, your child's psychotherapist cannot prescribe psychiatric medication, but will refer your child for psychiatric consultation if this appears to be indicated.

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Assessment

Psychotherapists must conduct both an initial and ongoing assessment of children to understand their psychological needs. It is essential that you cooperate with this assessment process by completing all forms, questionnaires, and psychological tests provided to you and by meeting with your child's therapist, with or without your child present, as your child's therapist indicates. Please be completely open and honest with your child's therapist about all influences that may be affecting your child. Therapists usually cannot tell when parents or children deliberately conceal things. Therapists can only help children with problems to the extent that they are provided with the whole picture.

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The Need for Children and Adolescents to have Confidential Psychotherapy

Parents and guardians of children receiving psychotherapy usually have the right to know their child's diagnosis and general progress in obtaining therapeutic goals. Your child's therapist will involve you in helping your child to the degree that this will facilitate your child's progress. And your child's therapist will share with you information that the child wishes to be shared. However, your child's trust in his/her therapist and privacy are crucial to treatment success. The content of your child's sessions must be confidential in order for your child to be able to confide in his/her therapist. Parents must agree to honor the child's confidentiality and the privacy of the child's record. I treat this as legally binding, although it sometimes may be overridden by a judge.

In treatment of adolescents, there are many issues that therapists have no opportunity to address unless adolescents trust that communication in therapy will not be shared with parents or guardians. These issues include use of cigarettes, alcohol, drugs, sexual concerns or behavior, involvement in gangs, cutting classes or truancy, school failure, unauthorized time with peers, and criminal activity. Your adolescent's therapist will work to help him or her behave in ways that are not self-destructive, that do not limit his or her options for the future, and that are respectful of others. If any such issues rise to the level of serious, imminent danger to self or to others, the appropriate authorities must be notified, and parents will be notified unless contraindicated.

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Collateral Contact with Parents and Others

Your contact with your child's psychotherapist is collateral to your child's treatment, for the purpose of assisting in your child's treatment. The parent or guardian is not considered to be a therapy client and is not the subject of the treatment. The primary responsibility of the psychotherapist is to the therapy client, and the client's interests are placed first.

I want parents to inform me of what they see happening in their child's life. However, communication from parents does not carry a guarantee of confidentiality from the child. I may share parent communications with a child, based on my clinical judgment, and taking the child's age and maturity levels into consideration.

Your child's therapist will provide you with psychotherapy referrals if you request such referrals or if your child's therapist believes that therapy for you would better help you help your child.

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Treating Children of Separated or Divorced Parents

In families of separation and divorce, children's psychotherapists work to help them cope adaptively with the forces acting upon their lives. Treating children in these contexts is difficult because:

1. Both parents usually have different views of the forces acting upon the child and the child's needs.
2. Parents' views may be affected by their own psychological experiences, issues, and needs.
3. Both parents usually fear that the child's psychotherapist will side with the other parent.
4. Both parents usually fear that the child's psychotherapist will make custody or visitation recommendations that are not in the best interest of the child or parent.

For these reasons, your child's psychotherapist has instituted the following policies in treating children of separated or divorced parents who share legal custody:

1. Both parents must consent to treatment, ideally before the first session with the child, or shortly thereafter, or therapy must be ordered by a family or guardianship court, or by the child's attorney or guardian ad litem.
2. Both parents will be offered "equal time" in face-to-face or phone contacts as much as realistically possible, unless this is contraindicated, such as cases in which the therapist judges that contact with one or both parents might negatively affect the child (e.g., if there is a concern related to parental abuse or threats to the child).
3. Your child's therapist will not communicate with attorneys for either parent or guardian.
4. Any information provided by one parent may be shared with the other parent by the child's therapist.
5. Both parents must agree to not subpoena the child's therapist or the child's psychotherapy records.
6. Your child's psychotherapist will not provide custody or visitation recommendations to the court, mediator, or psychologist conducting a custody evaluation. If the child has a court representative (attorney, guardian ad litem, or other advocate), or if requested by both parents, your child's therapist may discuss general observations about the child with the court representative.

If either parent later tries to force your child's therapist to disclose information on your child's therapy to a court or court representative, the therapist will assert the child's right to privileged therapeutic communication and will present this document to protect this right. However, a judge may nonetheless force the release of verbal or written information on the child's therapy. Your child's therapist may discuss this unfortunate potential limit on confidentiality with your child, depending on the child's age, the parents' degree of respect for the child's confidentiality, and my clinical judgement. This knowledge might result in your child being less open with me than if there were absolute confidentiality.

These policies may not apply when a parent resides out of the area or is incarcerated, when parent-child contact is limited by a court (Juvenile, Family, or Guardianship) or court representative (e.g., Children's Services Bureau social worker), when there is substantial evidence that a parent has abused, endangered, neglected, or abducted a child, when the child has been exposed to domestic violence, when

communication with a parent might physically or psychologically harm a child or damage the therapeutic relationship, or when a parent fails to respond to the therapist's attempts to establish contact with that parent.

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Professional Records

Psychotherapy laws and ethics require that California licensed psychotherapists keep treatment records. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. You are entitled to receive a copy of these records or a summary of these records unless your therapist believes that providing you access to your child's record would have a detrimental effect on the therapist's professional relationship with the child or the child's physical safety or psychological well-being. (If the child was the person who gave legal consent to the therapy, the child has access to the record, subject to the therapist's discretion concerning clinical appropriateness.) Parents and guardians will be charged copying costs plus \$2.00 a minute for professional time spent responding to information requests.

Your child's record includes a copy of intake forms, developmental history, a signed informed consent form, any assessment tools used, acknowledgment of receipt of privacy policy and practices, progress notes, any releases of protected health information, and billing documents. Paper records are kept in a locked file cabinet in your therapist's office and digital records are encrypted and kept on a personal computer.

In the event of your therapist's untimely death or disability, a conservator will be responsible for managing client records and cases will contact you to make arrangements for your child's therapy.

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Confidentiality from Third Parties (other than Parents)

Psychotherapy is confidential from parties other than parents with important exceptions:

1. Psychotherapists may release information to designated parties with written authorization from parents or legal guardians. In some cases, authorization by the child or adolescent psychotherapy client is required.
2. Psychotherapists are required to release information obtained from children or collateral sources (other individuals involved in a child's psychotherapy, such as parents or guardians), to appropriate authorities to the extent to which such disclosure may help to avert imminent danger to a psychotherapy client or others, e.g.; imminent risk of suicide or violence to others, destruction of property that could endanger others, and grave disability (inability to provide for one's own food, shelter, and clothing, or to obtain this help from others). In case of serious threat of violence, therapists must also attempt to warn intended victims.
3. Psychotherapists are required to report to Child Protection and/or law enforcement any suspected past or present abuse or neglect of children, disabled adults, and elders, based on information provided by the client or collateral sources. This includes child behavior suggesting exposure to inappropriate sexual material or activity and exposure to addictive drugs at birth. Consensual sexual intercourse involving a

minor is reported to authorities when a minor is under 14 and another party is 14 or older, or a minor is under 16 and another party is over 21. Emotional abuse and exposure of children to domestic violence may also be reported.

4. If you choose to have you child's therapy bills submitted to a third party, such as an insurance company or Victims of Crime program, for reimbursement, psychological diagnoses, and dates and types of service must be released. In many cases, an explanation of symptoms, progress reports, and treatment plans must be provided to obtain third-part treatment authorization and reimbursement. Third parties occasionally also request to see psychotherapy "Progress Notes", that is, general information about problems addressed in each session. You will be informed if such a request is made by your child's third-party payer, and you will be permitted to state your wishes about withholding or sharing your child's progress notes.

5. If children participate in psychotherapy in compliance with a court order, psychotherapists are generally required to release information to the relevant court, social service, or probation departments.

6. Your child's psychotherapy records and your child's psychotherapist and may be subpoenaed in a variety of legal actions. Your child's therapist will attempt to quickly notify you of such requests. In some situations, subpoenas for information or therapist testimony can be quashed, preserving confidentiality. In other cases, a judge may order therapist testimony or that a record be released, in part or in full, including all information provided by collateral sources, including parents. In legal proceedings that introduce a child's psychological condition or mental capacity, or a parent's parenting capacity, the court often requires psychotherapists to testify and turn over treatment records. When children or parents initiate legal proceedings that place at issue any aspect of a child's psychotherapy, and in lawsuits that claim psychological damages by any party, psychotherapists are often court-ordered to release the full psychotherapy record to the involved parties and court. Notify your therapist of legal actions as soon as possible to discuss potential impacts on treatment and confidentiality.

8. Your child's psychotherapist reserves the right to release financial information to a collection agency, attorney, or small claims court, if you are delinquent in paying your child's psychotherapy bill.

9. Cell phone, cordless phone, and non-encrypted e-mail communication can be intercepted by third parties, thereby limiting your child's privacy. Such communication should be used with this knowledge in mind and should generally be reserved for time-sensitive matters. Psychotherapists are required to make a record of each client contact. E-mail correspondence is saved in full and becomes part of a client's file. Please notify your child's therapist if you wish to further limit the use of any of these communication devices.

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Alternative Treatments

Other treatment approaches are available as an alternative, or as an adjunct, to individual child psychotherapy. These include family therapy, group therapy, 12-step and support groups, expressive therapies (e.g., art, writing, psychodrama), guided imagery, behavior modification, guided imagery, Eye Movement Desensitization and Reprocessing, Electroencepholograph (EEG) Spectrum Therapy, hypnosis, nutritional consultation, and medication. Your child's therapist may provide some of these and can provide referrals for the other approaches.

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Touch in Child Therapy

Natural forms of touch occur in child therapy, such as high-fives, interaction with toys in imaginative play, and in role play. Children may handcuff and arrest the therapist, place bandages on a therapist's arm, want the therapist to help them with a hat, etc. Therapists sometimes protect children from hurting themselves, as in spotting them if they climb on something, preventing them from suddenly bolting from the office, or stopping them from intentionally hurting themselves or others. Once a relationship has significantly developed, children often spontaneously hug therapists hello or good-bye and lean against their therapists as they look at a book, draw, play, etc. Some young children take the therapist's hand as they walk to the bathroom or run into their therapist's office and jump up onto the therapist without warning. Therapists may pat long-term child clients on the shoulder or head as they leave the office. Touch is sometimes a therapy tool, as in helping children learn appropriate forms of touch and working with children to reduce tactile hypersensitivity and startle reactions. Please talk to your therapist if you have any concerns or wishes regarding how touch will be used in your child's therapy.

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Psychotherapy Fees

Psychotherapy sessions and collateral contacts: \$ _____ per _____ minutes, including any time missed by being late.

Letters and reports: \$ 100 per hour.

Testimony, court appearances, and preparation of written documents, meetings, phone consultations, in legal proceedings initiated by you or others relating to your child's case: \$250 per hour, paid in advance. Charges will be made for reviewing charts, driving to and from court, and actual time spent at court.

There is a 3 hour minimum charge for any subpoena, and if court is postponed for any reason the charge will remain if there is less than 48 hours notice given.

Payment is due at the time of each session. Your cooperation with procedures of third-party is required to collect payments. If you receive a third-party payment for sessions you did not pay for, you must turn it over to your child's therapist as soon as possible.

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Cancellations

Your child's therapist reserves appointment times for your child. You must phone 24 hours in advance to cancel sessions to allow your child's therapists to reschedule his/her time. If you provide less than 24 hours notice of a cancellation, unless a sudden medical emergency has occurred, there is a fee of \$40 for the first missed appointment, then \$80 thereafter, per 50-minute appointment.

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Emergencies

In medical or life-threatening emergencies, call 911. You may telephone your child's therapist in urgent matters. Your child's therapist may not always be immediately available by phone or late at night. If unavailable, your child's therapist will return your call as soon as possible. When your child's therapist

is out of town, and if you are not also working with another mental health professional, such as a psychiatrist, your child's therapist will provide phone numbers of alternate sources of help.

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Psychotherapy Contract for Parents or Guardians of Child Clients

I have read the above information, have asked questions as needed, and understand the issues related to risks and benefits of psychotherapy, medical concerns, assessment, the need for children and adolescents to have confidential psychotherapy, collateral contacts with parents and others, treating children of separated or divorced families, professional records, confidentiality from third parties, alternative treatments, my child's diagnoses and treatment plan, anticipated length of treatment, psychotherapy fees, cancellations, and emergencies.

If you have any questions and complaints regarding the practice of your child's psychotherapist, you may contact the appropriate governing board. For Marriage and Family Therapists contact the Board of Behavioral Sciences at (916) 445-4933, 400 R Street, Suite 3150, Sacramento, CA 95814.

I have discussed the issues addressed in this document with my child's therapist. Initial: _____

I agree to treatment for my child based on my informed wish to proceed.

Print Name

Relationship to Child

Signature

Date

Signature of Child's Psychotherapist

Date

Diagnoses and Psychotherapy Goals for Children (Complete by 6th Session)

Your child's psychotherapist has informed you that your child's diagnoses are:

The goals of your child's psychotherapy are:

Initial here if this section has been read and understood _____

Treatment Methods to Achieve Psychotherapy Goals (Attempt to Complete by 6th Session)

Your child's psychotherapist has discussed the following treatment methods with you. Indicate which of these techniques you choose to have used to treat your child's psychological problems:

Nondirective play therapy		Behavior Modification	
Facilitative play therapy		Anxiety reduction techniques	
Structured play therapy		Progressive muscle relaxation	
Direct discussion of issues		Guided Imagery	
Metaphorical verbal techniques		Systematic desensitization	
Art therapy		Nonviolent Communication Skills	
Writing therapies (journal writing, poetry)		Touch (Desensitization, Normal Affection)	
Psychodrama and role-play		Family therapy	
Trauma Processing		Incorporation of Child's Spiritual Base	
Insight-oriented therapy		Assertiveness training	
Cognitive therapy		Anger management	
Emotional Freedom Technique		Conflict Resolution	
Parenting advice		Other	

Sign below to indicate agreement to your child's therapist use of these treatment methods to treat your child's psychological problems and to achieve your child's psychotherapy goals.

Signature _____ Date _____