

Rhonda L. Smith, PhD
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CONSENT FOR THE PROVISION OF SERVICES TO A MINOR

I/We, _____ parent/guardian
_____ parent/guardian

Please list your children by **name** and **birthdate**:

Child's

Name: _____ DOB: _____

Prior to beginning treatment, it is important for you to understand my approach to child assessment and therapy, and to agree to some rules about your child's confidentiality during the course of his/her treatment. The information herein is in addition to the information contained in the *Notice of Privacy Practices (HIPAA)*. Under HIPAA and the APA Ethics Code, I am legally and ethically responsible to provide you with informed consent.

Consent. Although having only one parent's consent for assessment and/or treatment may be legal, it is the preferred practice of this office to obtain consent from **both** parents, regardless of the custodial arrangement, before an assessment or treatment begins with a minor. However, if this is not feasible, please discuss this with me so that I am aware of any special circumstances.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of life, you or your child may experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness, and helplessness. Alternatively, psychotherapy has also been shown to have benefits including better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of the type of feelings or results that you or your child will experience. Psychotherapy requires a very active effort on your part and/or your child's part. In order to be most successful, you and/or your child will have to work on things we discuss outside of sessions with "homework." This keeps you and/or your child moving consistently toward previously set goals. Additionally, change is a process, one that takes time and commitment. The more committed you and/or your child are to the action plan, the more likely you and/or your child are to be successful in treatment and reach your and/or your child's goals. The first one to two sessions typically involve an evaluation of you and/or your child's needs.

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At the end of the evaluation, I will be able to offer you some first impressions of what the work will entail and a course of action, if you decide to continue. You should evaluate this information and decide if you feel comfortable working with me. The professional relationship is strictly voluntary.

Minor Confidentiality for Therapy. In the case of child therapy, it is most effective when a trusting relationship exists between the psychologist and the patient. Privacy is especially important in securing and maintaining that trust. It is often necessary for children to develop an environment 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. By signing this agreement, you will be waiving your right of access to your child's treatment records.

It is my policy to provide you with general information about your child's (i.e., 12 years and younger) treatment status and to encourage teenage children to share directly with their parents. As your child's therapist, I will raise issues that may be affecting your child either inside or outside the home. If it is necessary to refer your child to another mental health professional with more specialized skills, I will share that information with you. I will not share with you what your child has disclosed to me without your child's assent. I will encourage your child to regularly provide you with a summary that will describe what issues were discussed, what progress was made, and what areas are likely to require intervention in the future. In addition, I will periodically request that you provide supportive information in order for me to best help your child and the family.

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. We must carefully and directly discuss your feelings and opinions regarding acceptable behavior. If I ever believe that your child is at serious risk of harming him/herself or another, I will inform you. Examples of serious risk would include a plan to harm self or suicidal ideation that is intensifying.

Agreement Not to Involve Rhonda L. Smith, PhD, in Custody Disputes and Fees for Mandatory Court Appearances on A Client's Behalf: When parents bring their children for psychological therapy, it is important that both parents consent to treatment knowing that my role (Rhonda L. Smith, PhD; the role of the clinician) is as the child (or family) therapist, and not as an "expert witness." Although my responsibility to your child may require my involvement in conflicts between the parents, you agree that my (Rhonda L. Smith, PhD's) involvement will be strictly limited to that which will benefit your child. This means that you agree not to involve me, Rhonda L. Smith, PhD, in any custody or visitation disputes, as this would not be in the best interest of your child's relationship with me, Rhonda L. Smith, PhD, and would be counterproductive to the therapeutic process. In particular, you agree not to involve me, Rhonda L. Smith, PhD, in court proceedings regarding any treatment of your child now or in the future,

