#### COMMUNITY INSTITUTE FOR PSYCHOTHERAPY

## **Consent for Treatment of Minors**

Child's Name		
Intern-Therapist		

Treatment of children under 18 without parental consent may occur at this agency for up to three sessions. We feel strongly about working toward parental involvement. However, children who have reached the age of 14, and who have been declared "emancipated" by the Court, may consent to treatment themselves. Children 12 and older may be seen without parental consent only under the following conditions:

- a) They are mature enough to participate in treatment on an out-patient basis, and
- b) There is present danger of serious harm to self or others without such treatment, or
- c) They have been the alleged victim of incest or other child abuse.

This is to certify that I give permission to the Intern-Therapist listed above for treatment of my child. This treatment may include individual or group psychotherapy, counseling and testing. This treatment may include consultations with other associates including Educational Psychologists, Career Counselors or Nutritionists.

### **Part I - CONFIDENTIALITY**

What is discussed in therapy is confidential, and that confidentiality is protected by Federal and State law and regulation. You must give written consent before we can obtain or release any information about your child. Violation of the Federal law or regulations by the program is a crime, and may be reported to the appropriate authorities.

Federal law states four exceptions in which confidentiality must be broken, even if you have not agreed in writing. They are:

- 1. A child has been physically or sexually abused, or seriously neglected, in which case we <u>must</u> report that fact to the appropriate authorities.
- 2. A client actually commits or threatens to commit a crime against the program or a person working for the program, in which case we <u>may</u> report that fact to the appropriate authorities.
- 3. A Court orders disclosure of information.
- 4. Information may be disclosed to medical personnel in a medical emergency and to State personnel for State audits of this program.

In addition, California State law requires that if a client poses an imminent physical threat to him/herself or others (in other words, is imminently suicidal or homicidal) that fact <u>must</u> be reported to the appropriate authorities and/or to the potential victims. If the client is a minor, a report must be made to the parents.

Lastly, for children seen at school sites, CIP is required to report students to the principal if they come to see a counselor under the influence of alcohol or drugs or in possession of a weapon at school. The only exception to this waiver will be in situations where the counselor is required by law to report child abuse or neglect, and threats of severe harm to oneself or others. Therefore, I(we) waive any right which I(we) may have to call such person or subpoena such records in this or any dissolution action which is or may be filed.

#### **Part II - CONSENT**

I consent for myself and my child(ren) to participate in a counseling program at Community Institute for Psychotherapy. The purpose of the counseling is to reduce my child(ren)'s problems and maximize his/her functioning. I understand that I may be invited to meet with my child's counselor in order to contribute to the counseling process.

I understand and agree that all information, communications, observations and opinions derived from this counseling shall be considered private and confidential between myself and the agency. I agree that neither myself nor anyone representing me shall call on any staff persons involved in this counseling during or at any time subsequent to it to provide either written or oral testimony at deposition or in court on any issue related to custody and dissolution of marriage, nor shall I (we) subpoena any records of the agency for such purposes. In custody cases, CIP recommends that families seek formal custody evaluations by licensed evaluators. CIP does not provide this service.

I understand that the services at CIP are being provided by an Intern-Therapist. The counseling service and all records, notes, and so forth, shall be used for the purposes of therapy only. They may not be used for legal purposes or in custody disputes.

#### **Part III - TAPING RELEASE**

I fully understand that the services offered by Community Institute for Psychotherapy are rendered by Trainees, Associates, Pre-Docs or Post-Docs and are under the professional supervision of the staff of Community Institute for Psychotherapy. I understand that these sessions may be audio taped for purposes of training and supervision of the students. Use of these tapes will conform to the professional ethics governing professional behavior of psychologists and counselors. Full confidentiality of all matters discussed will be respected by the Community Institute for Psychotherapy staff and students. I further declare that I freely consent to and accept these services. The services may be any of the following: psychological testing, counseling, and/or psychotherapy.

I have signed below to indicate that I have read, understood, and agree to the above.				
Signature of Parent/Guard	ian	Date		
Signature of Parent/Guard	ian	Date		
Printed Name of Parent/Guardian		Witness	Witness	
Street Address	City	Zip		

# COMMUNITY INSTITUTE FOR PSYCHOTHERAPY

# Parent/Guardian Consent for Exchange of Information

I give permission to the CIP student to consult with the staff	t of my child's school
to learn more about my child's no	eed's and progress. The intern and
the school staff may exchange the following information:	
Please initial:	
1Attendance and progress in counseling	
2Unrestricted communications	
3Unrestricted communications EXCEPT for	
4Other (specify):	
The purpose of this information is:	
Consent may be revoked at any time, except for information	n already released. Unless I revoke
this consent in writing, it is in effect until	·
Parent(s) Signature(s)	Date
Witness	Date