

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 must 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 may 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 must 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.

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Parent/Guardian Consent for Exchange of Information

I give permission to the CIP student to consult with the staff of my child's school _____
_____ to learn more about my child's need's and progress. The intern and
the school staff may exchange the following information:

Please initial:

1. _____ Attendance and progress in counseling
2. _____ Unrestricted communications
3. _____ Unrestricted communications EXCEPT for _____
4. _____ Other (specify): _____

The purpose of this information is: _____
Consent may be revoked at any time, except for information already released. Unless I revoke
this consent in writing, it is in effect until _____.

Parent(s) Signature(s)

Date

Witness

Date