

Dawn H. Nelson MA, NCC
Registered Psychotherapist

(970) 904-2558

*BUILDING LIFELONG STRATEGIES FOR
CHILDREN, TEENS & ADULTS*

dawn@centeredlifecounseling.com

Child-Adolescent Informed Consent

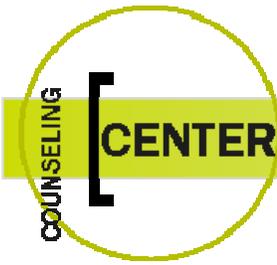
Therapy provides a safe place to explore reactions, thoughts and feelings about others and yourself. It allows you the opportunity to practice new ways of interacting and, when ready, to try them in your relationships. Therapy is a joint effort that cannot succeed without your hard work, energy and courage. You may be meeting with me because you feel you need guidance or because your parent(s), guardian, doctor, teacher or pastor had concerns for the direction you may be heading. I will ask questions, listen to you, and together we will create a plan that is uniquely designed for you.

Feeling comfortable with your therapist is the first step. You need to be comfortable sharing things that you may not have told anyone else – especially your parents. What we talk about will be kept confidential and private. There are, however, a few things that I am required by law to disclose to your parent(s) or to legal authorities. Confidentiality cannot be maintained when:

- You tell me that you plan to harm or kill yourself, and I believe that you have the intent and ability to do this in the near future. It is my responsibility to make sure you are protected from self-harm. We will first discuss this together and then I might contact your parent(s), guardian or legal authorities.
- You tell me that you plan on harming or killing someone else, and I believe that you have the ability to do this threat in the near future. By law, I must inform the individual you intend to harm as well as your parent(s) or guardian.
- You tell me that you are doing things that could result in harm to yourself or others. You could be doing these things without the intent of harm, however, I will have to determine if others need to be contacted.
- If you tell me that you are being physically, sexually, emotionally or verbally abused (or have been in the past), I am required to report this abuse.
- If you are involved in a court case, and I am ordered to testify about your therapy. In this case, we will discuss and determine what you feel comfortable with me sharing, and then I will request that you provide me with a written agreement. I will do what I can to protect your confidentiality however at times, the court can require me to disclose information.
- If you would like to review my legal obligations, please visit <http://www.dora.state.co.us/mental-health/Statute.pdf>.

I do consult with Licensed Mental Health Professionals regarding my caseload, from time to time, for the purposes of accurate and appropriate treatment and overall quality of care. Confidentiality applies to these consultations and I do not provide names or other identifying information unless I obtain a written release from you.

Apart from those times mentioned above, I will not tell your parent(s) or guardian specific things that we have talked about. This includes any activities or behavior that you know your parent(s) or guardian might not approve of, but that do not put you in serious harm. If at any time, your risk taking activities/behavior increases to a point of potential harm, I will use my professional opinion to determine if your parent(s) or guardian will be contacted.



Dawn H. Nelson MA, NCC
Registered Psychotherapist

(970) 904-2558

*BUILDING LIFELONG STRATEGIES FOR
CHILDREN, TEENS & ADULTS*

dawn@centeredlifecounseling.com

I understand that my psychotherapist provides non-emergency psychotherapeutic services by scheduled appointment. If my psychotherapist believes the reason(s) for seeking treatment are above their level of competence, or outside their scope of practice, she is legally required to refer, terminate, or consult. **If, for any reason, I am unable to contact my psychotherapist by telephone and I am having a true emergency, I will call 911 or check myself into the nearest hospital emergency room.**

Your Rights and Responsibilities

- I agree to participate in my therapy by attending all sessions with an open mind and a willingness to talk about things that are bothering me.
- I will work on any homework or assignments that are suggested.
- I agree to participate in making healthy and positive changes to my life.
- I have been informed and am aware of the limits of confidentiality and that on some occasions; my therapist is required by law to report.
- I agree to talk with my therapist (either in session or by telephone) if I begin to feel like harming myself or someone else.

Client Acknowledgement, Consent and Agreement:

I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the client's responsible party. By signing below I acknowledge my understanding and agree to all the terms discussed in this disclosure statement. By signing this disclosure statement, I also agree to permit consultation and I provide release for my psychotherapist to seek consultation with the agency that referred me and/or my minor child, and/or any of my minor children to receive psychotherapy services. I also affirm, by signing this form that I am the legal guardian and/or custodial parent with legal right to consent to treatment for any minor child or children for whom I am requesting psychotherapy services.

Print Client's Name	Signature of Client	Date
Parent or Guardian Signature	Date	
Parent or Guardian Signature	Date	

- Copy given to client
- Copy kept in records