



Confidentiality of Adolescent Therapy

Parental Agreement

As a parent or guardian, I understand your desire to do what is best for your child. Agreeing to confidentiality can be hard at times however as a therapist, I need you to trust that I will share information only when deemed necessary. Adolescents are more open to disclose sensitive information when they are assured confidential services and are granted time alone with the counselor to discuss what they are struggling with. The most practical reason for a counselor to grant confidentiality to an adolescent client is to facilitate accurate and appropriate treatment.

In order to reduce the obstacles in obtaining complete and accurate information from your child, I will need to meet with your child alone. Doing so, allows your child the security to speak honestly in a safe, non-judgmental environment. Some of the things we may talk about during the session are:

- Peer pressure
- Depression and stress
- Relationships
- Diet, exercise, body image
- School difficulties
- Self-esteem
- Anger, Fighting, Violence
- Family life
- Substance use and or abuse
- Sexuality and sexual behavior

Your child will be encouraged to share information regarding their emotional and mental health with their parent(s) or guardians. Some things may be easier to discuss initially with a counselor they have learned to trust. I ask you to put yourself in your child's shoes prior to requesting information about what was discussed during the session. "Confidential" means that I will only share information with you if your child has given me permission.

There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report: suspected child abuse to authorities; intent to harm others or yourself; abuse or suspected abuse of the elderly or others unable to care for themselves; neglect or suspected neglect of children; subpoenaed testimony in criminal court cases and any threat to national security under federal law. If a legal exception arises during therapy, if feasible, you will be informed accordingly.

As a therapist, I will share with you, the parent(s) or guardian, any information that is necessary for the safety and best interest of your child.

I agree and respect that the therapist will determine what information based on professional judgment is appropriate to be shared with the parent(s) or guardian concerning treatment issues, and what information, in the discretion of the therapist, will remain confidential between my adolescent child and the therapist.

Parent or Guardian signature

Date

Witness

Date