

## Cope Counseling & Coaching LLC

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### Parent/Adolescent Privacy Agreement

#### *Privacy of Information Shared in Counseling: Client Rights and My Policies*

*The information in the boxed area below is being provided to your child for their understanding and consent. Below that is the agreement to be completed by the parent or guardian.*

The purpose of meeting with a counselor is to get help with problems in your life that are bothering you or that are keeping you from being successful in important areas of your life. You may be here because you wanted to talk to a counselor about these problems. Or, you may be here because your parent, guardian, doctor or teacher had concerns about you. When we meet, we will discuss these problems. I will ask questions, listen to you and suggest a plan for improving these problems. It is important that you feel comfortable talking to me about the issues that are bothering you. Sometimes these issues will include things you don't want your parents or guardians to know about. For most people, knowing that what they say will be kept private helps them feel more comfortable and have more trust in their counselor. Privacy, also called confidentiality, is an important and necessary part of good counseling.

*As a general rule, I will keep the information you share with me in our sessions confidential, unless I have your written consent to disclose certain information.* There are, however, exceptions to this rule that are important for you to understand before you share personal information with me in a counseling session. In some situations, I am required by law or by the guidelines of my profession to disclose information whether or not I have your permission. I have listed some of these situations below.

Confidentiality cannot be maintained when:

You tell me you plan to cause serious harm or death to yourself, and I believe you have the intent and ability to carry out this threat in the very near future. I must take steps to inform a parent or guardian of what you have told me and how serious I believe this threat to be. I must make sure that you are protected from harming yourself.

You tell me that you plan to cause serious harm or death to someone else who can be identified, and I believe you have the intent and ability to carry out this threat in the very near future. In this situation, I must inform your parent or guardian, and I must inform the person you intend to harm.

You are doing things that could cause serious harm to you or someone else, even if you do not *intend* to harm yourself or another person. In these situations, I will need to use my professional judgment to decide whether a parent or guardian should be informed.

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You tell me you are being abused-physically, sexually or emotionally or that you have been abused in the past. In this situation, I am required by law to report the abuse to Child Protective Services.

You are involved in a court case and a request is made for information about your counseling. If this happens, I will not disclose information without your written agreement *unless* the court requires me to. I will do all I can within the law to protect your confidentiality, and if I am required to disclose information to the court, I will inform you that this is happening.

### Parent Agreement to Respect Privacy

#### Parent/Guardian:

Check boxes and sign below indicating your agreement to respect your adolescent's privacy:

I will refrain from requesting detailed information about individual counseling sessions with my child. I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in counseling sessions as needed.

Although I know that in this state, I have the legal right to request written records/session notes since my child is a minor, I agree NOT to request these records in order to respect the confidentiality of my adolescent's treatment.

I understand that I will be informed immediately about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the counselor's professional judgment and may sometimes be made in confidential consultation with another provider/consultant.

Minor's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_