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INFORMED TREATMENT CONSENT FOR MINOR CHILDREN

Parent involvement in their children's psychotherapy always benefits the child. As a general rule, I meet with parents at regular intervals to discuss your son's/daughter's progress. While I do not share specific statements made by your child or relate specific behavior, I will discuss information that will benefit your child's treatment. When appropriate, I will encourage your child to share information with you either at home or in a separate therapy session. Your child is always welcome to invite you into the therapy room. Effective therapy begins with the establishment of a safe and protective place for your child to express, question, or act out whatever is troubling them. The establishment and maintenance of that emotional and physical safety rests on your child's guarantee of privacy and confidentiality. The only exception to this is the legal requirement that I report abuse and serious threat to self/others.

The focus of treatment is healing and/or removing obstacles to normal development/behavior. The only needs considered are those of the child and his/her family. The focus is on facilitating healthy emotional development. It is child centered. It is best when both parents, whether separated or living together, consent to treatment. Failure to get consent from both parents' risks placing your child in an alliance with the parent whom brings him/her to therapy. This is very stressful for your child. S/he is burdened with the necessity of keeping a secret from the other parent.

It is also best when both parents receive equivalent information about their child. Should there be any litigation regarding the child in treatment, I require that confidentiality be respected and that I be immune from subpoena. The same requirement applies to treatment records. The purpose of this policy is to protect the child from experiencing betrayal of what has been revealed in confidence. I will be asking you for consents to share or receive information from teachers, daycare providers, doctors, etc., who might have experience to share that will benefit treatment. No information is shared or received without both parents' and the child's prior knowledge. There is no guarantee that therapy will be successful. If concerns surface about treatment, please let me know.

Please sign and date below if you agree to the above treatment guidelines and consent to treatment for your child. Thank you!

Your Name: _____ Signature: _____ Date: _____

Type of relationship to Minor: _____

Name of Child: _____ DOB: _____