

Child Informed Consent Form

Military Integrative Therapies, LLC
2106 Thoroughgood Rd
Virginia Beach, VA 23455
(757)995-2196 Office
(757)995-2197 Fax

Confidentiality Your Rights and My Policies

Below contains important information so you understand what to expect from our time together. Please read the information carefully and ask any questions you may have.

The purpose of meeting with a counselor or therapist 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 asked your parent or guardian to bring you. Or, you may be here because your parent, guardian, doctor or teacher had concerns about you. When we meet, we will discuss these problems at the pace you feel most comfortable. I will ask questions, listen to you and suggest a plan for improving these problems. Part of or time together may involve creating art. Your art interventions will remain confidential. It is your choice to share them with others. You can choose to take the art with you at the end of each session. If you choose to keep them in the art therapist office, they will be destroyed if they are not claimed in a year. This is to protect your privacy as the art interventions were a part of your confidential sessions.

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. Privacy, also called confidentiality, is an important and necessary part of successful 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 therapy session. In some situations, I am required by law and/or by the ethical 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. 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 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 whom 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.

→ 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 the Virginia Department of Social Services.

→ You are involved in a court case and a request is made for information about your counseling or therapy. 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.

In the above instances I am not only required by law or ethical guidelines to break confidentiality, I am required by a conscience that does not want to see another human being harmed by themselves or others.

Communicating with your parent(s) or guardian(s):

Except for situations such as those mentioned above, I will not tell your parent or guardian specific things you share with me in our private therapy sessions. This includes activities and behavior that your parent/guardian would not approve of — or would be upset by — but that do not put you at risk of serious and immediate harm. However, if your risk-taking behavior becomes more serious, then I will need to use my professional judgment to decide whether you are in serious and immediate danger of being harmed. If I feel that you are in such danger, I will communicate this information to your parent or guardian.

Even if I have agreed to keep information confidential, I believe that it is important for them to know what is going on in your life. In these situations, I will encourage you to tell your parent/guardian and will help you find the best way to tell them. Also, when meeting with your parents, I may sometimes describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you. Remember, your parent/guardian has brought you in to counseling because they want to see you live a happy healthy life.

Communicating with other adults:

School:

I will not share any information with anyone at your school unless I have your permission and permission from your parent or guardian. It may be beneficial for you if I speak with someone at your school, i.e.; teachers, guidance or school counselors. However, if I want to

contact your school, or if someone at your school wants to contact me, I will discuss it with you and ask for your written permission. A very unlikely situation might come up in which I do not have your permission but both I and your parent or guardian believe that it is very important for me to be able to share certain information with someone at your school. In this situation, I will use my professional judgment to decide whether to share any information.

Doctors:

Sometimes your doctor and I may need to work together; for example, if you need to take medication in addition to seeing a counselor or therapist. I will get your written permission and permission from your parent/guardian in advance to share information with your doctor. The only time I will share information with your doctor even if I don't have your permission is if you are doing something that puts you at risk for serious and immediate physical/medical harm.

Voicemail:

Military Integrative Therapies has a voicemail system. You may leave a confidential message for your therapist on the voice mail system at: (757) 995-2196. If you have a genuine mental health emergency, where you are at risk of harming yourself or others, please call 9-1-1 or go to the nearest Emergency Room.

Fax:

A fax machine may be used to correspond with the above mentioned people, when you and your parent/guardian have signed a release of information. There are risks involved with this type of communication, but every precaution is taken to protect your confidentiality.

LENGTH OF SESSIONS:

I assure you that services will be rendered in a professional manner consistent with accepted ethical standards. Sessions are generally 50 minutes in duration for individual. We will schedule our sessions for our mutual agreement.

If you are unable to keep an appointment, please call (757) 995-2196 to cancel or reschedule at least 24 hours in advance. If I do not receive such advance notice, you may be responsible for paying for the session that you missed.

FEES & METHODS OF PAYMENT:

I am currently an out of network provider. This means that I accept cash, checks or credit cards for your sessions. Please make your checks to: Military Integrative Therapies. I ask that you keep the scheduled appointment times or call to reschedule or cancel 24 hours in advance. If you miss more than 2 meetings, we will discuss a referral to another organization that may better meet your needs.

BILLING/INSURANCE REIMBURSEMENT:

I accept only a fee for services and require payment in full. My normal fee is \$70 per individual session or \$45 per group session. This is the usual, customary, and reasonable fee for therapy in this area. You can check with a CPA for tax write offs when paying out of pocket or I can write the appropriate documentation needed for your insurance company for you to submit. I kindly ask that payment be received at the end of each session.

Child therapy client:

Signing below indicates that you have reviewed the policies described above and understand the limits to confidentiality. If you have any questions as we progress with therapy, you can ask your therapist at any time.

Minor's Signature _____ Date _____

Parent/Guardian:

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

/-_/ I will refrain from requesting detailed information about individual therapy 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 therapy sessions as needed.

/-_/ Although I know 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 about situations that could endanger my child or others. I know the decision to breach confidentiality in these circumstances is up to the therapist's professional judgment and may sometimes be made in confidential consultation with her consultant/supervisor.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Kelly Andrews MS, LPC, RPT _____ Date _____