

Adolescents who have reached the age of 16 are able to consent for their own therapy in the State of Tennessee. When adolescents are involved in therapy, their parents often have an interest in being involved in the therapy process and want some level of disclosure from the counselor regarding their adolescent's progress in therapy. The success of any therapy is generally dependent on a trusting and confidential relationship between therapist and client. For this reason, I will keep all records private and will not disclose the content of therapy sessions to parents except in cases where the adolescent is believed to be in significant danger, has reported child abuse, or if there is a court order requiring me to release records.

I will encourage both the adolescent and the parents to participate in family therapy sessions as needed/as appropriate to help facilitate healthy communication about the ongoing issues discussed in therapy, but this has to be at the discretion of the adolescent receiving therapy. It is only when your adolescent feels that he or she can confide in me that I can be of the most help to him or her and your family. With the adolescent's permission, I can provide general summaries of the therapeutic direction we are taking in session and will try and facilitate the adolescent's involvement in that discussion. Please feel free to discuss this policy with me at any time.

By signing below, you acknowledge this policy and assert that by signing the Parent/Guardian's signature section below that you are the person legally responsible for the adolescent for whom you are seeking services.

Client Signature

Date

Parent/Guardian Signature

Date

Therapist Signature

Date