

## **Consent for Treatment of a Minor**

Before beginning treatment, it is important for everyone to understand your therapist's approach to providing services to children and adolescents, and to agree to some rules about your child's confidentiality during the course of his or her treatment. The information herein is in addition to the information contained in the therapist's Disclosure Statement and Agreement for Services and Informed Consent for Treatment. Pursuant to the Health Insurance Portability and Accountability Act (HIPAA) and ethics codes, I am legally and ethically responsible to provide you with informed consent.

### **Authorization for Minor's Mental Health Treatment**

To authorize mental health treatment for your child, you must have either sole or joint legal custody of your child and be authorized to grant permission for medical or psychiatric treatment.

### **Divorce**

If you are separated or divorced from the other parent of your child, please notify your therapist immediately. I will ask you to provide a copy of the most recent custody decree that establishes custody rights of you and the other parent or otherwise demonstrates that you have the right to authorize treatment for your child.

If you are separated or divorced from the child's other parent, please be aware that it is typically my policy to notify the other parent that I am meeting with your child. *If there is joint custody, the signature of both parents will be required.* Regardless of the custodial arrangement, consent from both parents is the preferred practice of Sara Pezeshkpour, AMFT (#146409), supervised by Rebecca Kahane, LMFT (#37382).

One risk of child therapy involves disagreement among parents and/or disagreement between parents and the therapist regarding the child's treatment. If such disagreements occur, I will strive to listen carefully so that I can understand your perspectives and fully explain my perspective. You and I can resolve such disagreements, or we can agree to disagree, so long as this enables your child's therapeutic progress.

### **Individual Parent/Guardian Communications with Treating Professional**

In the course of the therapist's treatment of your child, I may meet with the child's parents or guardians either separately or together. Please be aware, however, that, at all times, my patient is your child – not the parents or guardians nor any siblings or other family members of the child.

If I meet with you or other family members in the course of your child's treatment, I will make notes of that meeting in your child's treatment records. Please be aware that those notes will be available to any person or entity that has legal access to your child's treatment record.

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## **Mandatory Disclosures of Treatment Information**

In some situations, I am required by law or by the guidelines of my profession to disclose information, whether or not I have your or your child's permission.

I will disclose information when:

- Child patients tell me that they plan to cause serious harm or death to themselves, and I believe that the child has the intent and ability to carry out this threat in the very near future. I must take steps to inform a parent or guardian or others of what the child has said and how serious I believe this threat to be and to try to prevent the occurrence of such harm.
- Child patients tell me that they plan to cause serious harm or death to someone else, and I believe the child has the intent and ability to carry out this threat in the very near future. In this situation, I must inform a parent or guardian or others, and may be required to inform the person who is the target of the threatened harm and the police.
- To reduce the risk of harm from firearms, I am required by law to call the police where the patient lives, if I believe there is an imminent risk of harm to the patient or another.
- Minor patients are doing things that could cause serious harm to them or someone else, even if they do not intend to harm themselves or another person. In these situations, I will need to use my professional judgment to decide whether a parent or guardian should be informed.
- Minor patients tell me, or I otherwise learn that, it appears that a child, including the patient, is being neglected or abused--physically, sexually or emotionally--or that it appears that they have been neglected or abused in the past. In this situation, I am required by law to report the alleged abuse to the appropriate state child-protective agency.
- I am ordered by a court to disclose information.

## **Disclosure of Minor's Treatment Information to Parents**

Therapy is most effective when a trusting relationship exists between the therapist and the patient. Privacy is especially important in earning and keeping that trust. As a result, it is important for children to have a "zone of privacy" where they feel free to discuss personal matters without fear that their thoughts and feelings will be immediately communicated to their parents. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy.

It is my policy to provide you with general information about your child's treatment, but NOT to share specific information your child has disclosed to me without your child's agreement. This includes activities and behavior that you would not approve of — or might be upset by — but that do not put your child at risk of serious and immediate harm. However, if your child's risk-taking behavior becomes more serious, then I will need to use my professional judgment to

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decide whether your child is in serious and immediate danger of harm. If I believe that your child is in such danger, I will communicate this information to you.

For example, if your child tells me that he or she has tried alcohol at a few parties, I would keep this information confidential. Alternatively, if your child tells me that he or she is drinking and driving or is a passenger in a car with a driver who is drunk, I would not keep this information confidential from you.

Another example would be that if your child tells me that he or she is having voluntary, protected sex with a peer, I would keep this information confidential. On the other hand, if your child tells me that, on several occasions, the child has engaged in unprotected sex with strangers or in unsafe situations, I will not keep this information confidential.

You can always ask the therapist questions about the types of information she would disclose. You can ask in the form of “hypothetical situations,” such as: “If a child told you that he or she were doing \_\_\_\_\_, would you tell the parents?”

Even when you and I have agreed to keep your child’s treatment information confidential, I may believe that it is important for you to know about a particular situation that is going on in your child’s life. In these situations, I will encourage your child to tell you, and I will help your child find the best way to do so. Also, when meeting with you, I may sometimes describe your child’s problems in general terms, without using specifics, in order to help you know how to be more helpful to your child.

### **Disclosure of Minor’s Treatment Records**

Under federal and California law, when minors reach age 12, they have the legal right to health information privacy, which triggers some changes in the health information parents and guardians can view for their child.

### **Disclosure of Minor’s Treatment Records to Parents**

Although the laws of California may, under certain circumstances, give parents the right to see any written records I keep about your child’s treatment, by signing this agreement, you are agreeing that your child or teen should have a “zone of privacy” in their meetings with me, and you agree not to request access to your child’s written treatment records.

### **Parent/Guardian Agreement Not to Use Minor’s Therapy Information/Records in Custody Litigation**

When a family is in conflict, particularly conflict due to parental separation or divorce, it is very difficult for everyone, particularly for children. Although my responsibility to your child may require that I am helping to address conflicts between the child’s parents, my role will be strictly limited to providing treatment to your child. You agree that in any child custody or visitation proceedings, neither of you will seek to subpoena my records or ask me to testify in court, whether in person or by affidavit, or to provide letters or documentation expressing an opinion about parental fitness or custody or visitation arrangements.

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Please note that your agreement may not prevent a judge from requiring my testimony, even though I will not do so unless legally compelled. If I am required to testify, I am ethically bound not to give my opinion about either parent's custody, visitation suitability, or fitness. If the court appoints a custody evaluator, guardian *ad litem*, or parenting coordinator, I will provide information as needed, if appropriate releases are signed or a court order is provided. However, I will not make any recommendation about the final decision(s). Furthermore, if I am required to appear as a witness or to otherwise perform work related to any legal matter, the party responsible for my participation agrees to reimburse me pursuant to the terms described in the Disclosure Statement and Agreement for Services.

**Parent/Guardian of Minor Patient:**

Please initial after each line and sign below, indicating your agreement to respect your child's privacy (for divorced parents, each parent must initial and sign):

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 may 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 child's/adolescent's treatment.

\_\_\_\_\_

I understand that I will be informed about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the therapist's professional judgment, unless otherwise noted above.

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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