Informed Consent for Services for a Child

This form is to document that I, _____________________, give my permission and consent to Dr. Warren to provide psychotherapeutic treatment and/or psychological testing for ________________________________ who is/are my (child/children).

Counseling and Psychotherapy

Description
Counseling services for children can take any of several forms, depending upon the needs of the child and the characteristics of the child and the family or caregivers. There are a number of different approaches that can be utilized to address the problems presented. Psychological services have both risks and benefits. Risks for children include experiencing an increase in uncomfortable feelings such as sadness, anger, anxiety, frustration, helplessness, and/or loneliness. Risks also include an increase in symptomatic behaviors such as aggression, impulsivity, withdrawal, oppositional behavior, school problems and attention problems when treatment begins to touch upon difficult and upsetting issues for the child. Psychological services also have been shown to be of benefit to children, leading to significant reduction of both uncomfortable feelings and problem behaviors. However, there are no guarantees about what will happen.

Sessions
Clinical practice is to schedule one or two 45-minute session(s) weekly for the child. Additional meetings with parents/guardians or sessions involving direct parental participation with the child will be scheduled as necessary or as agreed upon in developing a treatment plan.

Special Issues Concerning Treatment of Children
1. My child’s clinician will assure to the best of his/her ability my child’s safety in the sessions.
2. If my child should become out of control and engage in behaviors dangerous to my child or the clinician, the clinician will restrain my child (through “safe” holding of the child by the clinician) in a safe and non-punitive manner until my child is able to refrain from dangerous behaviors. This is very rare in play therapy but, should this happen; the clinician will inform me about it at the end of the session.
3. In the course of play therapy, some children, especially young children, will seek physical contact with the clinician. I understand that the child’s clinician will not reject such overtures by my child and will assure that all physical contact is positive, safe, and free of any sexualization. Should my child initiate “sexualized” play, the clinician will stop such play without personally rejecting my child. I will be informed immediately of any such occurrence.
Psychological Assessment (Testing/Evaluation)

I understand that psychological evaluation is conducted to assist in diagnosis and potential treatment planning. The evaluation will likely take anywhere from two to four separate appointments, including an appointment to provide feedback about the results. If this is the only service planned, no follow-up of any kind is anticipated after the evaluation and feedback. Depending upon the specific questions necessitating referral, the evaluation will consist of a battery of selected psychological tests to gather information about cognitive ability, symptom type and severity, memory, learning and/or personality functioning. Outside records or discussion with important family members will sometimes be requested for which a release of information will be necessary.

As with any evaluation process, there are some risks as well as many potential benefits. Psychological testing can lead to fatigue and emotional depletion. Additionally, testing will provide specific information about cognitive and intellectual abilities, symptoms and, possibly, areas of impairment that can sometimes be upsetting. During the clinical interview most people reveal some private information, may recall unpleasant memories or even reveal longstanding family secrets. Although most find the evaluation process to be pleasant and productive, some do report emotional upset as a result of the above issues.

Confidentiality
Both law and standards of professional Psychology and Counseling require that appropriate treatment records be kept. Because your child is under eighteen years of age, you are entitled to receive a copy of records. Because these are professional records, they can be misinterpreted and/or can be upsetting to lay readers. If you wish to see your child’s records, it is recommended that you review them in your child’s therapist’s presence in order to discuss the content as needed.

Children typically do better in therapy and assessment if they are free to explore their concerns without worrying about their parents’ reactions. For this reason, while you will be informed about your child’s progress, the specific content of your child’s therapy or responses is better kept confidential unless it is determined that you, your child, or someone else is at risk of serious harm.

If parents are legally separated or divorced or the child is otherwise under custodial care or guardianship, you must submit with this informed consent the documentation giving you the legal right to pursue medical/psychological treatment for this child.

While the written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss any questions or concerns you may have with your child’s therapist. The laws governing these issues are quite complex and the provider is not an attorney. Should you have questions for which you need specific advice, formal legal consultation may be desirable.
**Consent**
I have had all of my questions about treatment answered satisfactorily. If I have additional questions, I understand that the provider will either answer them or attempt to find answers for me. I understand that I may withdraw my child from therapy or assessment at any time, although I have been informed that this is best accomplished in consultation with the provider.
I have read and understand the above information. I have received a copy of supplemental forms including an explanation of Privacy Practices and a Description of Services.

______________________________  ______________________________
Client or Responsible Party       Date

______________________________
Relationship to Child