

Informed Consent for Treatment of a Minor

Julie Branson, MFT

www.juliebransonmft.com

707-502-2085

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Introduction

You have made an important decision to seek therapeutic support for your child. The therapeutic relationship is unique in that it is highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by providing your electronic signature at the end of this document.

Policy Regarding Consent for the Treatment of a Minor Child

I generally require the consent of both parents prior to providing any services to a minor child. If any question exists regarding the authority of the parent/legal guardian to give consent for psychotherapy, I will require that you submit supporting legal documentation, such as a custody order, prior to the commencement of services.

Cancellation Policy

You are welcome to cancel or reschedule any appointment, as long as you do so with at least 24 hours notice. Clients are typically seen once per week, at the same time and day each week. If you cancel or miss any two appointments within a 30 day period, you may be transitioned to a self-schedule plan, rather than having a regular spot held for you. For more information about my cancellation policy, please refer to my Practice Policies.

The Therapeutic Process

It is my intention to provide services that will assist you and your child in reaching your goals. Based upon the information that you provide me and the specifics of your situation, I will provide recommendations to you regarding treatment. I believe that therapists, clients, and their families are partners in the therapeutic process. You have the right to agree or disagree with my recommendations. I will also periodically provide feedback to you regarding treatment progress and I will invite your participation in the discussion.

I will work with you and your child to develop an effective treatment plan. Over the course of therapy, I will attempt to evaluate whether the therapy provided is beneficial. Your feedback and input is an important part of this process. It is my goal to assist you and your child in effectively addressing your problems and concerns.

Child Therapy

For older children, therapy may involve talking, making art, or engaging in other activities to support the child with exploring their thoughts and feelings, learning more about themselves, enhancing self-esteem, and learning new ways to cope with challenges.

For younger children, therapy sessions usually include the parent or caregiver. Young children's primary mode of communication is play, and the therapist may support the caregiver with learning therapeutic ways to play with and engage the child so that treatment gains can be generalized more broadly.

Risks and Benefits of Therapy

A minor client will benefit most from psychotherapy when his/her/their parents, guardians or other caregivers are supportive of the therapeutic process.

Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Participating in therapy may result in a number of benefits to the client, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, school, and family settings, and increased self-confidence. Such benefits may also require substantial effort on the part of the client, as well as his/her/their caregivers and/or family members, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. This discomfort may also extend to other family members, as they may be asked to address difficult issues and family dynamics. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which the therapist will challenge the perceptions and assumptions of the client or other family members, and offer different perspectives. The issues presented by the client may result in unintended outcomes, including changes in personal relationships.

During the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Clients and their families are encouraged to discuss any concerns about treatment progress with the therapist.

Litigation

I will not voluntarily participate in any litigation, or custody dispute in which the client, or the parent/legal guardian, and another individual, or entity, are parties. I have a policy of not communicating with parent/legal guardian's attorneys, and will generally not write or sign letters, reports, declarations, or affidavits to be used in a legal matter. I will generally not provide records or testimony unless compelled to do so. Should I be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving the client, the parent/legal guardian agrees to reimburse me for any time spent for preparation, travel, or other time in which I have made myself available for such an appearance at my usual and customary hourly rate of \$140.00. In addition, I will not make any recommendation as to custody or visitation regarding the client. I will make efforts to be uninvolved in any custody dispute between the client's parents.

Confidentiality

With the exception of specific situations detailed below, all communications between the client and the therapist are considered confidential, and will not be released to a third party without written authorization from the client or representative. If you participate in marital or family therapy, your therapist will not disclose confidential information about the treatment unless all person(s) who participated in the treatment provide their written authorization to release. **However, it is important that you know that your therapist utilizes a "no-secrets" policy when conducting family or marital/couples therapy.** This means that if you participate in family, and/or marital/couples therapy, your therapist is permitted to use information obtained in an individual session that you may have had with her, when working with other members of your family. Please feel free to ask your therapist about her "no secrets" policy and how it may apply to you.

Parents/legal guardians should be aware that the therapist is not a conduit of information from the client. Psychotherapy can only be effective if there is a trusting a confidential relationship between the therapist and the client. Although parents/legal guardians can expect to be kept up to date as to the client's progress in therapy, he/she/they will typically not be privy to detailed discussions between the therapist and the client. However, parents/legal guardians can expect to be informed in the event of any serious concerns the therapist might have regarding the safety or well-being of the client, including suicidality.

There are exceptions to confidentiality when there is a safety issue, or a court order. For example, therapists are required to report instances of suspected child, dependent adult, or elder abuse. Therapists may also be required or permitted to break confidentiality when they have determined that a client presents a serious danger of physical violence to another person or when a client presents a danger to self.

Professional Consultation

Professional consultation is an important component of a healthy psychotherapy practice.

As such, I regularly participate in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, I will not reveal any personally identifying information regarding the client or the client's family members or caregivers.

Community Encounters

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Social Media

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Therapist Availability/Emergencies

If you need to contact me between sessions, please send me a text message or leave a message on my voicemail. I am often not immediately available; however, I will attempt to return your call within 2 working days. If an emergency situation arises, please call 911 or Humboldt County DHHS 24 Hour Behavioral Health Crisis Line at 707-445-7715.

Electronic Communication

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss sensitive therapeutic content and/or request assistance for emergencies.

About the Therapist

Education: Julie earned a Bachelor's Degree in Psychology from Illinois State University and a Master's Degree in Community Counseling from Eastern Illinois University. She has received additional training in many areas, including trauma recovery, mindfulness, attachment, early childhood mental health, and substance use disorder treatment.

License: Julie has been a Licensed Marriage and Family Therapist (#47188) since May 14, 2009.

Experience: Julie has well over a decade of experience providing counseling to individuals, children, and families in Humboldt County. She has worked in a variety of settings, including a University Counseling Center, a child abuse prevention program, and an Intensive Outpatient Treatment Program for mothers with young children.

Professional Orientation: Julie's approach draws from Attachment Theory, Person Centered/Humanistic, Cognitive Behavioral Therapy, Mindfulness, and Internal Family Systems.

You are welcome to ask any questions you might have about your therapist's education, experience, approach, etc.

Fees and Insurance

The fee for service is \$140. Sessions are approximately 50-55 minutes in duration. Therapist reserves the right to periodically adjust fee. You will be notified of any fee adjustment in advance.

Fees are payable at the time that services are rendered. I accept cash, check, or credit card payment.

Please inform your therapist if you wish to utilize health insurance to pay for services. If your therapist is a contracted provider for your insurance company, your therapist will discuss the procedures for billing your insurance. The amount of reimbursement and the amount of any co-payments or deductible depends on the requirements of your specific insurance plan. You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. Although your therapist is happy to assist your efforts to seek insurance reimbursement, I am unable to guarantee whether your insurance will provide payment for the services provided to you. Please discuss any questions or concerns that you may have about this with your therapist.

If for some reason you find that you are unable to continue paying for your therapy, you should inform your therapist. Your therapist will help you to consider any options that may be available to you at that time.

Notice to Clients

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of Licensed Marriage and Family Therapists. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574- 7830.

Termination of Therapy

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The length of treatment and the timing of the eventual termination of treatment depends on the specifics of the treatment plan and the progress achieved. It is a good idea to plan for termination, in collaboration with your therapist. Your therapist will discuss a plan for termination with you and your child as you approach the completion of your treatment goals.

You may discontinue therapy at any time. If the client, parent/guardian, or therapist determines that the treatment is not beneficial, any of the aforementioned individuals may elect to initiate a discussion of treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing the treatment plan, or terminating therapy.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, I will assume you and your child are no longer interested in participating in therapy, and I will close the case. You are welcome to reach out at any time in the future if you are interested in resuming services, and we will discuss your options.

Please ask your therapist to address any questions or concerns that you have about this information.

I hereby give my consent for mental health evaluation and treatment provided by Julie Branson, MFT. I attest that I am the legal guardian of the minor client and have the right to authorize consent for treatment on their behalf.

BY PROVIDING MY ELECTRONIC SIGNATURE BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

