

## MINOR CUSTODY FORMS

### AGREEMENT REGARDING CHILD THERAPY SERVICES WITH THE OLSON MARRIAGE AND FAMILY THERAPY CLINIC

This document contains additional information about our services, specifically when working with minor children, families, and those families who are experiencing or have experienced a divorce/separation. If you have any question or concerns, please ask for clarification at any time.

#### **Confidentiality**

In general, the privacy of all communications between a client and a counselor is protected by law. When working with families, confidentiality is maintained within the family members attending therapy sessions. We use clinical discretion to determine what information is helpful to share in the therapy process. We want children to feel confident that what we talk about is confidential. We also know that parents need updates regarding progress, goals, and know that it is important for parents to be active participants in their child's treatment. In divorce situations, when appropriate, a signed release is required by both parents in order for us to release any information regarding the child and family to any person or entity. Please see the general office policies for further information regarding confidentiality.

By law, confidentiality must be breached if a student therapist suspects that any minor is being or has been abused, if a person plans to physically harm another person, or if a person plans to harm him/herself. Additionally, breaching of confidentiality will occur if a student therapist suspects that an elder or dependent adult is being or has been abused.

#### **Professional Records**

Our policy is to encourage that any parent having rights to the child be involved in services to the degree that is appropriate or beneficial to the child. We make every attempt to contact any parent having rights to the child, so that they are able to give consent or dissent to treatment. For therapeutic reasons, it is our policy to request that parents allow their child privacy in treatment and ask that they refrain from seeking copies of their child's mental health file. This allows the child to take ownership of his or her work in therapy and prevents information from being used in a way that could be possibly detrimental or damaging to the child.

#### **Court Testimony**

As your child's mental health provider, it is our ethical duty to provide your child the best care possible. If asked to provide records or testimony about treatment to the court, this can contribute to a "dual-role" relationship between your child and their therapist. This relationship means that your child's therapist is no longer in a therapeutic role with your child; rather, the therapist would serve as a "witness," and this could potentially damage your child's past, present, or future experience in therapy. Confidentiality and trust are paramount in therapy. In addition, we have an ethical responsibility to only release records to persons who are qualified and trained to interpret the information; once records are released in a court setting, we are unable to control who may have access to your child's and family's information. We assume that parents want to work toward the best interest of their child, which includes maintaining a safe and confidential therapeutic environment with their therapist.

With this in mind, we will not provide therapy records, notes, or testimony to the court as a part of litigation without a court order. Furthermore, student therapists at the Olson Clinic are not trained to testify in court disputes. For the reasons noted above, if any therapist at the Olson Clinic is required to provide testimony or records to the court under a court order, we reserve the right to terminate services and make an appropriate referral.

**Custody and Visitation Issues**

We do not provide custody evaluations. We cannot make recommendations about custody or visitation issues.

**Informed Consent to Treatment**

I have read the office policies provided to me, and agree to allow my child to participate in services. I further agree to the policies presented to me in this and other documents.

\_\_\_\_\_  
My child's name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Parent/legal guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/legal guardian signature

\_\_\_\_\_  
Date