



Informed Assent for Minors and Parents

In order to establish an effective therapeutic relationship with a minor adolescent or child, a mental health provider must establish a trusted relationship with the youth. However, the minor status of the child creates complications with regard to confidentiality that do not exist when dealing with a patient of legal majority status. Therefore, this form is designed to detail the expectations for the minor patient, parent(s) or guardian(s), and provider. This agreement is in addition to the information provided and agreed upon in the Informed Consent (TOB-dICv2019), and is to serve as a clarification and reminder of policies as they pertain to the treatment of legal minors.

Information for the legal minor patient:

The purpose of meeting with a therapist is to increase your success in important areas of your life. You may have asked for this service, or you may be here because your parent/guardian, doctor, or teacher had concerns about you. It is important that you feel comfortable talking to me about the issues bothering you and trust that this information will be guarded. Some of these issues will include things you would rather your parent/guardian not know. Privacy, also called confidentiality, is important and necessary to receiving good care. In general, I will keep the information you share with me during our sessions confidential. However, there are important exceptions where I am required by law or by the guidelines of my profession to disclose information, with or without your permission, as noted below.

Your privacy cannot be maintained when:

- **Danger to Self or Others.** If you tell me that you plan to cause serious harm or death to yourself or someone else, I must inform a parent/guardian of your plan. If you intend to harm an identified person, I must inform the person you intend to harm. Legal authorities may also be informed of your plans. If you are doing things that could cause serious harm to you or someone else, even if you do not intend to harm yourself or another person, I will need to use my professional judgment to decide whether someone else should be informed.
- **Abuse to a Vulnerable Population.** Providers must report suspected child abuse/neglect, suspected elder abuse/neglect, and/or suspected abuse or neglect to any other vulnerable population (e.g., disabled individuals) to relevant protective authorities and/or law enforcement. This includes abuse (physical, sexual, or emotional) or neglect that you report being the victim of, or that you report regarding any other vulnerable person.
- **Court Order or Other Lawful Demand.** Providers must obey court orders (e.g., subpoenas) and other lawful demands requiring release of records.
- **Reporting No-Shows.** Given that your parent/guardian will be billed a no-show fee if an appointment is not canceled appropriately (as outlined in the Informed Consent *TOB-dICv2018*), they will be informed of no-shows.

Communication with parent/guardian. Other than the expectations mention above, I will NOT tell your parent/guardian specific things you share with me in our private sessions. This includes activities and behavior that parent/guardian may not approve of (but that do not put you at risk of serious and immediate harm). However, if your risk-taking behavior becomes more serious, then I will need to use my professional judgment to decide whether you are in serious and immediate danger of being harmed. If I feel that you are in such danger, I will communicate this information to you and your parent/guardian. Periodic, general updates regarding treatment progress may be provided to your parent/guardian, as agreed upon by all parties.

Example 1: If you tell me that you have tried alcohol, I would keep this information confidential. If you tell me that you are drinking alcohol and driving, I would not keep this information confidential, as it imposes serious risk of harm to yourself and others.

Example 2: If you tell me that you are engaging in protected sex, I would keep this information confidential. If you tell me that you frequently engage in unprotected sex, I will not keep this information confidential given the potential to harm yourself or others.

You can always ask me questions about the types of information I would disclose. Often people find it is useful to ask about hypothetical situations, such as "If someone told you _____, would you tell their parents?" If I feel it may be helpful for your parent/guardian to know something you disclose in session, I may also encourage you to tell your parent/guardian, or I can assist you with revealing information to your parent/guardian. We may work together to figure out the best way for you to approach these difficult conversations.

By New Mexico law, your parent/guardian has the right to see any written records I keep about our sessions; however, it is extremely rare that a parent/guardian requests records.

Coordinating with Other Professionals. Your information will not be shared with your school, teachers, physician, or any other adult (unless as outlined above) outside of this facility without the express written permission from your parent/guardian. You, the minor patient, will be informed of these requests.



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Signing below indicates that you have reviewed the policies described above and understand the limits to your confidentiality in this therapeutic relationship .If you have any questions as we progress with therapy, you can ask your therapist at any time.

Patient Name	Patient Signature	Date
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Parent/guardian:

Please review and initial, signing below, to indicate your agreement to respect the privacy of the minor patient

_____ I will refrain from requesting detailed information about individual therapy sessions with the identified patient. I understand that I may be provided with periodic updates about general progress, and/or may be asked to participate in a therapy session, as deemed appropriate and agreed upon.

_____ Although I know I have the legal right to request written records/session notes, I agree NOT to request these records in order to respect the confidentiality of the patient’s treatment.

_____ I understand that I will be informed about situations that could endanger the patient. I know this decision to break confidentiality in these circumstances is up to the therapist’s professional judgment and may sometimes be made in confidential consultation with her colleagues.

Patient Name	Patient Signature	Date
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Parent/Guardian Name	Parent/Guardian Signature	Date
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Parent/Guardian Name	Parent/Guardian Signature	Date
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Provider Name	Provider Signature	Date
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