

## ALW's Informed Consent Regarding Out-Patient Child, Adolescent or Adult Psychotherapy

Gary B. Bailey, MSW, LCSW, CEAP, DAPA

North Carolina law requires that parents or legal guardians of clients be provided with information to allow them to make informed decisions regarding their child's participation in psychotherapy. This document provides information on risks and benefits of psychotherapy, medical concerns, assessment, the need for children and adolescents to have confidential psychotherapy, collateral contacts, treating children of separated or divorced families, professional records, confidentiality from third parties, evaluating the accuracy of children's disclosures and memory, implications of knowledge of children's disclosures and memory for psychotherapy and related legal issues, alternative treatments, diagnoses, treatment plan, length of treatment, psychotherapy fees, cancellations, and emergencies. Please read this information carefully. Ask your therapist any questions you may have. As these issues are understood, please initial in the places provided.

Initial here if this section has been read and understood \_\_\_\_\_

### *Background of Clinician*

I am a licensed Clinical Social Worker, licensed by the North Carolina Social Work Certification and Licensure Board (NCSWCLB) as well as the North Carolina Board for Employee Assistance Professionals. I have a Master's of Social Work degree in and a Bachelor of Arts in Psychology. I have had extensive training and supervision in Cognitive Behavioral Therapy. I also have experience working with individual adults, groups, families, and children.

### *Risks and Benefits of Psychotherapy*

Most children receiving psychotherapy are experiencing psychological problems that cause internal distress and/or problems in relationships. The goal of psychotherapy is reduction of such problems. However, some individuals experience an exacerbation of problems or different problems in the course of psychotherapy.

These problems can include increases in anxiety, depression, sadness, sleep disturbances, eliminatory disorders, intrusive thoughts, flashbacks, self-destructive or angry impulses, behavior problems, social problems, academic problems, suicidality, and problems in family relationships. Hospital care or residential treatment may be necessary.

Children in psychotherapy benefit from having a support system, including family, friends, a supportive school environment, and in some cases, religious affiliations. Expressive activities, such as play, art, writing, music, exercise, are also important for the mental health of children. Other treatment modalities such as family therapy, group therapy, 12-step groups, support groups, and medication may be helpful. Referrals can be provided to help develop a support system at your request.

In most cases, therapy eventually improves a child's sense of wellbeing and one's relationships. In some cases, children obtain little or no benefit from therapy, or become worse. It is not always possible to predict the outcome for an individual. Given this knowledge, the decisions to begin, continue, or terminate therapy for your child generally belongs to a child's parents. In some cases, the decision is that of the child at a certain age, such as in cases involving issues of child abuse, sexual assault, substance abuse, birth control, pregnancy, sexually transmitted diseases, and severe psychological need. These decisions may be evaluated with one's therapist. Clients may also obtain independent consultation for a second opinion at any time.

It is also important to consider that if a genuine mental health issue is present and psychotherapy is recommended, but not pursued, that a child may experience a worsening of symptoms and decrease in overall functioning.

Initial here if this section has been read and understood \_\_\_\_\_

### *Medical Concerns*

Your child's psychotherapist is not a medical doctor and can, therefore not recognize or diagnose medical conditions. It is essential that you obtain a medical examination for your child to determine any medical origins of your psychological problems, e.g., neurological disorders, endocrinological abnormalities, glucose and insulin imbalances, effects of toxins, infectious disease, gastrointestinal disorders, side effects of medication, etc.

Not being a medical doctor, your child's psychotherapist cannot prescribe psychiatric medication but will refer you for psychiatric consultation if this appears to be indicated.

Initial here if this section has been read and understood \_\_\_\_\_

### *Assessment*

Psychotherapists must conduct both an initial and ongoing assessment of children to understand their psychological needs. It is essential that you cooperate with this assessment process by completing all forms, questionnaires, and psychological tests provided to you and by meeting with your child's therapist, with or without your child present, as your child's therapist indicates. Please be

## ALW's Informed Consent Regarding Out-Patient Child, Adolescent or Adult Psychotherapy

completely open and honest with your child's therapist about all influences that may be affecting your child, even if doing so is painful or embarrassing. Therapists usually cannot tell when parents or children deliberately conceal things. Therapists can only help children with problems to the extent that they are provided with the whole truth.

Initial here if this section has been read and understood \_\_\_\_\_

### *The Need for Children and Adolescents to Have Confidential Psychotherapy*

As a parent or guardian of a child receiving psychotherapy, your child's psychotherapist will involve you in helping your child to the fullest extent possible. However, the content of your child's sessions must be confidential in order to enable your child to confide in his or her therapist and for therapy to be effective.

In treatment of adolescents, there are many issues that therapists have no opportunity to address unless adolescents trust that communication in therapy will not be shared with parents or guardians. These issues include use of cigarettes, alcohol, and drugs, sexual concerns or behavior, involvement in gangs, cutting classes or truancy, school failure, unauthorized time with peers, and criminal activity. Your adolescent's therapist will work to help him or her behave in ways that are not self-destructive, that do not limit his or her options for the future, and that are considerate of others. If any of these issues rise to the level of serious, imminent danger to self or to others, parents and/or appropriate authorities will be notified.

Initial here if this section has been read and understood \_\_\_\_\_

### *Collateral Contact With Parents and Others*

Your contract with your child's psychotherapist is collateral, that is, auxiliary to your child's treatment for the purpose of assisting in your child's treatment. Your child's therapist is not treating you and has no therapeutic obligation to you. Therefore, your communication with your child's psychotherapist is not privileged or confidential. Your child's therapist will provide you with psychotherapy referrals if you request such referrals or if he or she believes that therapy would better help you help your child.

Initial here if this section has been read and understood \_\_\_\_\_

### *Treating Children of Separated or Divorced Parents*

In families of separation and divorce, children's psychotherapists work to help them cope adaptively with the forces acting upon their lives. Treating children in these contexts is difficult because:

1. Both parents usually have different views of the forces acting upon the child and the child's needs.
2. Parents' views may be affected by their own psychological experiences, issues, and needs.
3. Both parents usually fear that the child's psychotherapist will side with the other parent.
4. Both parents usually fear that the child's psychotherapist will make custody or visitation recommendations that are not in the best interest of the child or parent.

For these reasons, your child's psychotherapist has instituted the following policies in treating children of separated or divorced parents who share legal custody.

1. Both parents must consent to treatment, ideally before the first session with the child, or shortly thereafter.
2. Both parents will be offered "equal time" in face-to-face or phone contacts as much as realistically possible, unless this is contraindicated, such as cases in which the therapist judges that contact with one or both parents might negatively affect the child (e.g., if there is a concern related to parental abuse or threats to the child).
3. Your child's therapist will not communicate with attorneys for either parent or guardian.
4. Any information provided by one parent may be shared with the other parent by the child's therapist.
5. Your child's psychotherapist will not provide custody or visitation recommendations to the court, mediator, and/or psychologist conducting a family psychological evaluation. If the child has a court representative (attorney, guardian ad litem, or other advocate) or if requested by both parents or ordered by the court, your child's therapist may discuss observations about the child with these parties.

These policies may not apply when a parent resides out of the area or is incarcerated, when parent-child contact is limited by a court (Juvenile, Family, or Guardianship) or court representative (i.e., County Services Agency social worker), when there is substantial evidence that a parent might be physically or psychologically harming or damage the therapeutic relationship, or when a parent fails to respond to the therapist's attempts to establish contact with that parent.

Initial here if this section has been read and understood \_\_\_\_\_

## ALW's Informed Consent Regarding Out-Patient Child, Adolescent or Adult Psychotherapy

### *Confidentiality From Third Parties (Other Than Parents)*

Psychotherapy is confidential from parties other than parents with important exceptions:

1. Information may be released to designated parties by written authorization of clients, parents, or legal guardians.
2. When parents seek reimbursement for psychotherapy from insurance companies or other third parties, information, including psychological diagnoses, and in many cases, explanations of symptoms and treatment plans, and in rare cases, entire client records, must be provided to the third party. If health coverage is provided by the parent's employer, the employer may have access to such information. Insurance companies usually claim to keep psychological diagnoses confidential, but may enter this information into national medical information databanks, where it may be accessed by employers, other insurance companies, etc., and may limit future access to disability insurance, life insurance, jobs, etc. Your child's therapist will provide you with copies of reports submitted to insurance companies at your request.
3. Psychotherapists are required to release information obtained from children or from collateral sources (other individuals involved in a client's psychotherapy, such as parents, guardians, spouses) to appropriate authorities to the extent to which such disclosure may help to avert danger to a psychotherapy client or to others, e.g., imminent risk of suicide, homicide, or destruction of property that could endanger others.
4. Psychotherapists are required to report suspected past or present abuse or neglect of children, adults, and elders, including children being exposed to domestic violence, to the authorities, including Child Protection and law enforcement, based on information provided by the client or collateral sources.
5. If children participate in psychotherapy in compliance with a court order, psychotherapists are required to release information to the relevant court, social service, or probation departments.
6. Your child's psychotherapist must release information, which may include all notes on your child's psychotherapy and contact with collateral sources, in response to a court order, and may also be required to do so in response to a legitimate subpoena.
7. Psychotherapists often consult -with other professionals on cases, and teach or write about the psychotherapy process, but disguise identifying information when doing so. Please indicate to your therapist if you wish to place restrictions on consultation, teaching, or writing related to your case.
8. Psychotherapists reserve the right to release financial information to a collection agency, attorney, or small claims court, if you are delinquent in paying your bill.
9. Cell phone and e-mail communication can be intercepted by third parties. These forms of communication are reserved for urgent or time-sensitive matters. Psychotherapists are required to make a record of each client contact. E-mail communications are printed in full and become part of a client's file.

Initial here if this section has been read and understood \_\_\_\_\_

### *Professional Records*

Psychotherapy laws and ethics require that North Carolina licensed psychotherapists keep treatment records. Professional records can be misinterpreted and/or upsetting to untrained readers. Your child and you are entitled to receive a copy of these records unless your therapist believes that seeing them would be emotionally damaging to you or your child, in which case your therapist will review them together with your child or with you or will send them to a mental health professional of your choice, to allow you or your child to discuss the contents. Clients will be charged copying costs plus \$2.00 a minute for professional time spent responding to information requests.

You or your child's record includes a copy of the signed informed consent form, acknowledgement of receipt of privacy policy and practices, progress notes, any release of protected health information, and copies of your superbill. Records are kept in a locked file cabinet.

Initial here if this section has been read and understood \_\_\_\_\_

### *Alternative Treatments*

Other treatment approaches are available as an alternative, or as an adjunct, to individual child psychotherapy. These include family therapy, group therapy, 12-step groups and support groups, medication, expressive therapies (e.g., art, writing, psychodrama), cognitive therapy, behavior modification, guided imagery, Eye Movement Desensitization and Reprocessing (EMDR), Accelerated Information Processing (AIP), Traumatic Incident Reduction (TIR), Electroencephalograph (EEG) Spectrum Therapy, careful use

ALW's Informed Consent Regarding Out-Patient Child, Adolescent or Adult Psychotherapy of hypnosis and guided imagery, and nutritional consultation.

Initial here if this section has been read and understood \_\_\_\_\_

*Fee for Psychotherapy*

Psychotherapy sessions and collateral contacts: \$100.00 per 45-50 minutes, including any time missed by being late. Payment is due at each session unless sponsor by my employment agency through an employee assistance contract. Phone calls exceeding 10 minutes once a week: \$4.00 per minute. Letters and reports: \$75 per hour. Attendance and Participation in school IEP meetings are \$100 per hour. Travel time is charged at hourly rate as well, but adjusted if travel is less than one hour.

I understand that payment is due at the end of each session with exceptions stated above. I agree to cooperate with procedures required to collect third-party payments. If I receive a third-party payment, I agree to turn it over to my therapist as soon as possible.

Initial here if this section has been read and understood \_\_\_\_\_

*Cancellations*

I understand that I or my child's psychotherapist reserves an appointment time for me or my child. I agree to call 24 hours in advance if I must cancel a session in order to allow me or my child's therapist to reschedule his or her time. If I provide less than 24 hours notice of a cancellation, unless a sudden medical emergency has occurred, I will pay the regular session fee of \$ 100.

Initial here if this section has been read and understood \_\_\_\_\_

*Emergencies*

I may telephone my child's therapist in an emergency. My child's therapist is not always immediately available by phone and may not be available in the late evening. If unavailable, my therapist will return my call as soon as possible. If I cannot reach my therapist, I can call the 24-hour Crisis Team at (336) 269-1003 or (336) 965-7362. When my child's therapist is out of town, and if I am not also seeing another mental health professional, such as a psychiatrist, my child's therapist will provide me with phone numbers of alternate sources of help.

Initial here if this section has been read and understood \_\_\_\_\_

*Psychotherapy Contract for Parents or Guardians of Child Clients*

I have read the above information, have asked questions as needed, and understand the issues related to risks and benefits of psychotherapy, medical concerns, assessment, the need for children and adolescents to have confidential psychotherapy, collateral contacts with parents and others, treating children of separated or divorced families, professional records, confidentiality from third parties, evaluating the accuracy of children's disclosures and memory, implications of knowledge of children's disclosures and memory for psychotherapy and related legal issues, alternative treatments, my child's diagnoses and treatment plan, length of psychotherapy, fee for psychotherapy, emergencies, and cancellations.

If you have any questions and complaints regarding the practice of your therapy, you may contact the appropriate governing board. Contact the North Carolina Board of Social Work at 800-550-7009 or (336)-625-1679, 1207 S. Cox Street, Suite F, Asheboro, NC 27203.

Initial here if this section has been read and understood \_\_\_\_\_

*Length of Psychotherapy*

Some psychological problems in adults and children can be alleviated in a few sessions. Other problems require years of treatment. It is often difficult to predict the length of therapy needed. Some disorders cannot be properly treated within the limitations of some health insurance policies. Generally, hospitalization should be as brief as possible to limit disruptions to a child's life. The decision to terminate therapy belongs to the parent or legal guardian, except in cases in which the decision is that of the child at a certain age, e.g., cases involving issues of child abuse, sub-stance abuse, birth control, pregnancy, and severe need.

Terminating therapy with you or your child should be done over a number of sessions, particularly in cases of a long-term therapeutic relationship. Should you or your child decide to terminate therapy prior to either yours or your child's therapist's recommendation, it is important that your child have a final meeting with his or her therapist.

If yours or your child's therapist believes you are terminating therapy before adequate treatment has been received for the psychological problems, you or your child's therapist will provide you with referrals for other therapists or you may choose to continue therapy with your current therapist.

Some managed health care plans provide benefits for only a time-limited course of psychotherapy. Some companies have contracts with therapists that prohibit clients to remain in therapy with a therapist beyond the designated time-frame. If your therapist

ALW's Informed Consent Regarding Out-Patient Child, Adolescent or Adult Psychotherapy  
believes that for you or your child is in need of further psychotherapy after this period, your therapist will provide referrals to other therapists with whom your child can continue treatment.

Initial here if this section has been read and understood \_\_\_\_\_

I agree to treatment for myself or my child based on my informed wish to proceed.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Relationship to the Child \_\_\_\_\_

Date \_\_\_\_\_

Client Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Gary B. Bailey, MSW, LCSW, CEAP, DAPA. \_\_\_\_\_ Date \_\_\_\_\_