

Dear Parent(s).

Therapy is most effective when a trusting relationship exists between the therapist and the client. Privacy is especially important in securing and maintaining that trust. One goal of treatment is to promote a stronger and better relationship between children and their parents. However, it is often necessary for children to develop a "zone of privacy" in which they feel free to discuss personal matters with greater freedom in the therapeutic setting with the therapist. This is particularly true for adolescents, who are naturally developing a greater sense of independence and autonomy.

Prior to beginning therapy with your child, I want to help you understand my approach to child therapy and for us to agree on some rules regarding your child's confidentiality during the course of his/her treatment.

In child therapy there is the possibility of disagreement between or among parents and/or disagreement between parents and therapist regarding the best interests of the child. If such disagreements occur, I will strive to listen carefully so that I can understand all perspectives, and I will fully explain my perspective. We can resolve such disagreements, or we can agree to disagree, so long as our decision promotes your child's therapeutic process. Ultimately, you will decide whether therapy will continue. If you decide that therapy should end, I will honor that decision. However, I ask that you allow me the option of having a few closing sessions to appropriately end the treatment relationship with your child.

It is my policy to provide you with general information about your child's treatment status. I will raise issues that may impact your child either inside or outside the home. If I believe it is necessary to refer your child to another mental health professional with specialized skills, such as a psychiatrist for medication, I will share that information with you. In most cases, I will not share with you what your child has disclosed to me without your child's consent. However, I will tell you if your child does not attend sessions. If necessary to protect the life of your child or another person, I will disclose information without your child's consent. If your child is an adolescent, it is possible that he/she will reveal sensitive information, some of which falls within the range of normal adolescent behavior, but other information may require parental intervention. In these cases, we must carefully and directly discuss your feelings and opinions regarding acceptable behaviors.

I need your agreement that my role as therapist is limited to providing treatment for your child and that you will not involve me in any legal dispute, especially a dispute concerning custody or custody arrangements or visitation, etc. You also agree to instruct your attorneys not to subpoena me or refer in any court filings to anything I have said or done in therapy with your child. If there is a court appointed evaluator, and if appropriate releases are signed and a court order is provided, I will provide general information about your child, which will not include recommendations concerning custody or custody arrangements. If, for any reason, I am required to appear as a witness, the party responsible for my participation agrees to reimburse me at the rates established by Pike Creek Psychological Center for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

I look forward to working with your child and with you.

Child's Name—please print

Parent Signature(s)

Date

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