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Licensed Psychologist
PSY#19126

Treatment Agreement Addendum: Confidentiality Regarding Work with Minors

Prior to beginning treatment, it is important for you to understand my approach to working with your child or teenager (who is still a minor) and agree to some rules about confidentiality during the course of your child's/teen's treatment. The information herein is in addition to the information contained in my Office Policies & General Information Agreement for Psychotherapy Services Form. Under HIPAA and the American Psychological Association Ethics Code, I am legally and ethically responsible to provide you with informed consent. As we go forward, I will try to remind you of important issues as they arise.

One risk of child/adolescent therapy involves disagreement between parents/caregivers. If such disagreements occur, I will strive to listen carefully so that I can understand your perspectives and provide recommendations with the best interest of your child/teen in mind. I hope we can resolve such disagreements so that your child's/teen's therapeutic progress may continue. If either of you decides 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 therapeutic relationship and ease the transition.

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/teens and their parents. However, it is often necessary for children/teenagers to develop a "zone of privacy" whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. It is my policy to provide you with general information about treatment status. I will raise issues that may be impacting your child/teen either inside or outside the home. I will make every attempt to share with you what your child/teen has disclosed to me after obtaining your child's/teen's consent and input, if clinically appropriate. I will tell you if your child/teen does not attend sessions.

It is possible that your child/teen will reveal sensitive information regarding sexual contact, alcohol and drug use, or other potentially problematic behaviors. Sometimes these behaviors are within the range of normal adolescent experimentation, but at other times they may require parental intervention. I invite you to share with me your feelings and opinions regarding these issues. If I ever believe that your child/teen is at serious risk of self-harm or harm of another, I will inform you and will take steps to put a safety plan into place for your child/teen. If these reported behaviors do not appear to be a potential source of imminent harm to the adolescent, I may make the clinical decision to withhold this information from you if asked to do so by the adolescent, in order to preserve the client's sense of trust in me and the therapeutic process and to better ensure therapeutic progress in the long run. My goal, however, is to eventually help the adolescent share this information directly with the parent or guardian, but unfortunately, this is not always easily or immediately facilitated.

Although my responsibility to your child/teen may require my involvement in conflicts between two parents, I need your agreement that my involvement will be strictly limited to that which will clinically benefit your child/teen. It is essential that neither parent will attempt to introduce clinical information from our treatment in any legal proceeding that may occur between the two of you. In particular, I need your agreement that in any such proceedings, neither of you will ask me to testify in court, whether in person, or by affidavit. I ask you to please instruct your attorneys not to subpoena me or to refer in any court filing to anything I have said or done.

Please note that such agreement may not prevent a judge from requiring my testimony, even though I will work to avoid such an event in the best interests of your child/teen and the therapeutic process. If I am required to testify, I am ethically bound not to give my opinion about either parent's custody or visitation suitability. If the court appoints a custody evaluator, guardian ad litem, or mediator, I will provide information as needed (if appropriate releases are signed or a court order is provided), but I will not make any recommendation about the final decision, as this would be beyond the scope of my treatment of your child/teen.

Furthermore, if I am required to appear as a witness, the party responsible for my participation will be asked to reimburse me at the rate of \$200 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs. I also charge \$5 for every page of your child's file that you may request to be photocopied for such purposes.

Thank you very much in advance for your cooperation with this policy.

Loriene Honda, Ed.M., Ph.D.

I have read the above Treatment Agreement Addendum Confidentiality Policy Regarding Work with Minors carefully; I understand them and agree to comply with them, as indicated by my signature below.

Parent or Guardian

Date

Loriene Honda, Ed.M., Ph.D.

Date

Child Client's Name

Date
