



BARBARA NADALINI PRIESNITZ, MA, LPC
P S Y C H O T H E R A P Y & H Y P N O S I S

INFORMED CONSENT FOR CHILD PSYCHOTHERAPY

In support of the well-being and best-interests of our child,

Name: _____ Age: _____ DOB: _____

this form documents that we, “the parents” (names listed below), give our consent and agreement to Barbara Nadalini Priesnitz, MA, LPC (the “psychotherapist”) to provide psychotherapeutic treatment to our child in accordance with the conditions listed below, and to include us, the parents, as necessary, as adjuncts in the child's treatment.

Parent (print name): _____ Relationship: _____

Parent (print name): _____ Relationship: _____

Following commencement of therapy, the parents will meet with the psychotherapist to discuss what is involved in psychotherapy for minors, the goals of therapy from the parents’ points of view, and from the child’s point of view if applicable, the method(s) of treatment, length of treatment, and information about record-keeping.

The parents understand that information about psychotherapy is almost always kept confidential; there are a few exceptions as noted in the HIPAA Notice of Privacy Practices, details of which follow:

1. The psychotherapist is required by law to report suspected child abuse or neglect to the proper authorities.
2. If a child tells the psychotherapist that he or she intends to harm another person, the psychotherapist must try to protect the endangered person, including by telling the parents, the police, the threatened person and other health care providers. Similarly, if a child threatens to harm him or herself, or a child's life or health is in any immediate danger, the psychotherapist will try to protect the child, including, as necessary, by telling the parents, the police and other health care providers, who may be able to assist in protecting the child.
3. If a child is involved in legal proceedings, the psychotherapist may be required by law to reveal information about the child's treatment. These situations include child custody disputes, cases where a patient's psychological condition is an issue, lawsuits or formal complaints against the psychotherapist, civil commitment hearings, and court-ordered treatment.
4. If the parents' and child's health insurance will be reimbursing or paying the psychotherapist directly, they will require that confidentiality be waived and that the psychotherapist give them information about the child's treatment.



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In all of the situations described above, the psychotherapist will try to discuss the situation with the parents before any confidential information is revealed, and will reveal only the least amount of information that is necessary. The parents have access to a copy of this form and the HIPAA Notice of Privacy Practices on the Barbara Nadalini Priesnitz, MA, LPC website (www.BNPsychotherapy.com).

The parents, as legal guardians of the child, have rights to general information about what takes place in the child's therapy, to information about the child's progress in therapy, to information about any dangers the child might present to self or others, and, upon request, to obtain copies of the child's treatment record (with certain qualifications and exceptions). The parents understand that it is usually best not to ask for specific information about what was said in therapy sessions because this might break the trust between the child and the psychotherapist, especially for children over the age of 12.

The parents understand that therapy can sometimes cause upsetting feelings to emerge, and that the child's problems may worsen temporarily before improving. The parents understand that the psychotherapist cannot provide emergency service. If a true emergency arises, please call 911.

The parents agree that in the event of legal contest over custody or visitation with the child, it is advised that the parents and their attorneys not require the psychotherapist to testify at any of the proceedings, because to do so may hurt the child's treatment, because the psychotherapist's role is a therapeutic one and not evaluative one, and because other forensic professionals would be better able and more appropriate to conduct any necessary evaluation.

While any parent with sufficient legal rights may individually place their child in psychotherapy, the psychotherapist has explained that children with two participating parents have the best chance to benefit from therapy; when both parents are involved and cooperate with each other and the psychotherapist, the desired outcomes are more likely to endure.

Additionally, it is common for step-parents or other significant adult participants to play a role in the child's home(s), and these individuals, with the parent's or parents' consent, may also participate in the therapy in support of the child. As such, the following step-parents or significant adult participants in the child's home(s) are named here as potential adjuncts to the therapy, and may, in the presence of one of the parents, receive information and contribute as appropriate to the therapy.

Printed Name: _____ Relationship: _____

Printed Name: _____ Relationship: _____



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The parent(s) therefore consent as follows:

- I agree not to end the child's therapy without the agreement of the other parent, and that if the parents cannot agree, they will try to come to an agreement, by counseling if necessary, before ending the child's therapy.
- I agree to cooperate with the treatment plan of the psychotherapist for the child and understand that without mutual cooperation, the psychotherapist may not be able to act in the child's best interests and may have to end therapy.
- I agree that each parent has and shall continue to have the right to information about the child's treatment and to the treatment records of the psychotherapist regarding the child, and agree that the psychotherapist may release information or records to either parent without any additional authorization of the other. (If specific court orders negate this bullet item, please cross through it and initial; court orders will have to be attached.)
- I understand that I am fully financially responsible for treatment, including any portion of the fees not reimbursed by health insurance.

The fee for therapy (per session hour) will be: \$_____

The parents understand that they have a right to ask the psychotherapist about the psychotherapist's training and qualifications and about where to file complaints about the psychotherapist's professional conduct.

By signing below, the parent(s) are indicating that they have read and understood this agreement, that they give consent to the psychotherapist's treatment of the child, and that they have the proper legal status to give consent to therapy for the child.

Signature: _____

Printed Name: _____

Date:

Signature: _____

Printed Name: _____

Date: