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## **Informed Consent** **(Children and Adolescents)**

California State law requires that either parents or legal guardians are given information that allows them to make informed decisions about their child's participation in psychotherapy. Most children receiving psychotherapy are experiencing psychological problems that cause internal distress and or/problems in relationships. The goal of psychotherapy is the reduction of such problems. These problems can include increase in anxiety, depression, sadness, sleep disturbances, self-destructive or angry impulses, academic problems, suicidality, and problems in family relationships. Sometimes hospital care or residential treatment may be required.

### **Professional Records**

Due to California state psychotherapy laws and ethics I am required to keep treatment records. If you wish to read your record I will need to be present to answer any questions that may arise. This is because of the possibility of these records being misunderstood to the untrained reader. You are entitled to receive a copy of your child's records unless I determine that it would be emotionally damaging to you or your child. Clients will be charged copy and time costs as per section titled psychotherapy fees.

### **The Need for Children and Adolescents to have Confidential Psychotherapy.**

To ensure a positive therapeutic relationship your child's session information will be confidential. This is their time to share their emotions and their willingness to communicate openly with a therapist may be difficult at first. While you as a parent or guardian have a legal right to information I will speak with you in general terms unless there is a concern about your child's safety.

### **Confidentiality from Third Parties (other than parents)**

There are important exceptions to confidential information from parties other than parents with: Clients, parents, or legal guardians may give the therapists written or oral permission to release information to designated parties. Therapists are required to release information obtained from children or from collateral sources to avoid danger to a psychotherapy client or to others. Therapists 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. This information may be based on information provided by the child or a collateral source. Voluntary sexual contact involving a minor is reportable to the authorities only when one of the parties is under 16 years of age and the other party is over 21 years of age. If children participate in therapy in compliance with a court order, therapists are required to release information to the relevant court, social service, or probation department. When parents seek reimbursement for therapy 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 a 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, employment, etc. Your child's therapist will provide you with diagnoses and copies of reports submitted to insurance companies at your request. Your child's therapist must release information, which may include all notes on your child's therapy 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. Your child's therapist reserves the right to release financial information to a collection agency, attorney, or small claims court, if you are delinquent in paying your child's therapy bill.

### **Alternative Treatments**

There are other methods of alternative treatment available. Some of these are, Group Therapy, 12-Step, Art Therapy, Play Therapy. Since there are numerous methods available it is important that you get the correct information. There

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are other forms of treatment that may be more damaging than others. Working with a professional is important no matter what the method of therapy used.

**Length of therapy**

Some children require years of treatment, others only a few sessions. This is dependent upon a lot of factors and it is often impossible to determine the length of therapy needed. Not all children that are diagnosed the same react the same to treatment. Some of them may be referred to a specialist for further treatment.

**Psychotherapy Fees**

Payment is due at the time of service, either by cash, check, or paypal.  
50-minute session is \$160.00  
90-minute session is \$210.00

**Cancellations**

A cancellation is granted when notification is given 24 hours before the session begins. You will be charged in full for any missed or changed appointments without 24-notice. If you are running late please call. If you are more than 15 minutes late and have not called, I may consider the session cancelled without notice and charge for the appointment.

**Emergencies**

I understand that my child's therapist may not be available 24 hours a day. If I need to speak with my child's therapist I can call during normal business hours. If a message must be left, I understand that I must give the therapist sufficient time to respond to my message. If I cannot reach my therapist, or it is an emergency I can call 911 or the 24-hour Crisis Team at (800) 746-8181. When my child's therapist is out of town, they will provide me with phone numbers of alternate sources of help.

**Psychotherapy Contract for Parents or Guardians of Child Clients**

I have read the above information, and I have asked questions as needed. I understand the risks and benefits of therapy. I also understand what I have just read and feel that my questions have been answered and I want my child to start therapy. If there are any questions or complaints about the practice of your child's therapist, you may contact the Marriage and Family Therapists AAMFT Ethics Committee at (703)838-9808.

I agree to treatment for my child.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Therapist Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date