MINOR CONSENT

SOURCE: __Behavioral Health _____

Client name _____ Date of birth _____

Please check one box below to indicate the current situation regarding the custody of the minor child:

- ☐ Parents are married to each other and are the legal parents of the child
- ☐ I have Sole Legal Custody and Joint Physical Custody of the child
- ☐ I have Joint Legal Custody and Sole Physical Custody of the child
- ☐ I have Sole Legal and Sole Physical Custody of the child
- ☐ The child is in the custody of the State of Minnesota. _____County
- ☐ I am _____ *(relationship)* to the child, and I have custody.

Please explain (I.e. biological parents are deceased, have never married, there are no custody orders, etc.):

_____

Parent signature_____ Date _____

Parent signature_____ Date _____

Guardian signature_____ Date _____

Minor Agreement

The involvement of children and adolescents in therapy can be highly beneficial to their overall development and well-being. Very often, it is best to see them with parents and other family members; sometimes, they are best seen alone. Often a combination of both works best. Your child's psychotherapist/psychologist will assess which might be best for your child and make recommendations to you. The support of all the child's caregivers is essential, as well as their understanding of the basic procedures involved in counseling children.

The general goal of involving children and adolescents in therapy is to foster their development at all levels. At times, it may seem that a specific behavior is needed, such as to get the child to obey or reveal certain information. Although those objectives may be part of overall development, they may not be the best goals for therapy. Again, your psychotherapist/psychologist will evaluate and discuss these goals with you.

Because the role of the psychotherapist/psychologist is that of the child's helper, he/she will not become involved in legal disputes or other official proceedings unless compelled to do so by a court of law. Matters involving custody and mediation are best handled by another professional who is specially trained in those areas rather than by the child's psychotherapist/psychologist.

The issue of confidentiality is critical in treating children and adolescents. When children are seen with adults, what is discussed is known to those present and should be kept confidential except by mutual agreement. Children seen in individual sessions (except under certain conditions, which are further discussed below) are not legally entitled to confidentiality; rather, their parents have the right to know about their therapy. However, unless children feel they have some privacy in speaking with a psychotherapist/psychologist, the benefits of therapy may be lost. Therefore, it is necessary to work out an arrangement in which children feel that their privacy is generally being respected, at the same time that parents have access to critical information. This agreement must have the understanding and approval of the parents or other responsible adults and of the child in therapy.

This agreement regarding treatment of minors has provisions for inserting individual details, which can be supplied by both the child and the adults involved. However, it is first important to point out the exceptions to this general agreement. The following circumstances override the general policy that children are entitled to privacy while parents or guardians have a legal right to information.

MINOR CONSENT

SOURCE: __Behavioral Health _____

- Confidentiality and privilege are limited in cases involving child abuse, neglect, molestation, or danger to self or others. In these cases, the psychotherapist/psychologist is required to make an official report to the appropriate agency and will attempt to involve parents as much as possible.
- Minors may independently consent to receive certain health care services. These services include, but are not limited to, treatment for pregnancy and related conditions, venereal disease, and alcohol and other drug abuse. Minors who are over the age of 16, have been married, have given birth, or are living apart from their parents/guardians may also independently consent to outpatient mental health services, including therapy. If a minor exercises their right to independently consent to a health care service, the minor gets to decide who has access to information about those services (unless disclosure of this information is otherwise required or permitted by applicable law). More information about minors' right to consent to certain health care services, including therapy, and related confidentiality is available from the Minnesota Department of Health. https://www.health.state.mn.us/people/adolescent/youth/confidential.html
- Any evaluation, treatment, or reports ordered by, or done for submission to a third party such as a court or a school is not entirely confidential and will be shared with that agency with your specific written permission. Please also note that the LHS psychotherapist/psychologist does not have control over information once it is released to a third party.

Agreement Parameters for Parents/Guardian/Authorized Caregiver

As the parent(s), guardian, or authorized caregiver of the child, if I believe there are significant health or safety issues that I need to know about, I will contact the psychotherapist/psychologist and attempt to arrange a session with my child present. Similarly, when the psychotherapist/psychologist determines that there are significant issues that should be discussed with parents, every effort will be made to schedule a session involving the parents and the child. I understand that if information becomes known to the psychotherapist/psychologist and has a significant bearing on the child's well-being, the psychotherapist/psychologist will work with the person providing the information to ensure that both parents are aware of it. In other words, the psychotherapist/psychologist will not divulge secrets except as mandated by law, but may encourage the individual who has the information to disclose it for therapy to continue effectively. Therapy sessions for my child may consist of individual or family sessions.

As the parent(s), guardian, or authorized caregiver of the child, I will do my best to ensure therapy sessions are attended and will not inquire about the content of sessions. If my child prefers not to volunteer information about the sessions, I will respect his/her right not to disclose details. Basically, unless my child has been abused or is/are a clear danger to self or others, the psychotherapist/psychologist will normally tell me only the following:

- Whether sessions are attended
- Whether or not my child is/children are generally participating
- Whether or not progress is generally being made

Additional Details

- Please note psychotherapists/psychologists of LHS do not give recommendations or do evaluations for child custody or parenting. If this becomes an issue, your child's case may be referred to entities that complete such evaluations.
- I understand at least one parent must accompany the minor child to his/her first appointment and any subsequent appointments, until discussed with and agreed upon with the psychotherapist/psychologist.

Minor signature_____ Date _____

Parent/guardian signature_____ Date _____

Parent/guardian signature_____ Date _____

Client name _____ *Date of birth* _____