



# Associates for Counseling and Educational Services L.L.C.

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## Privacy and Confidentiality

I (we) the undersigned being desirous of having our adolescent / adult child  
\_\_\_\_\_ seen in psychotherapy at the Associates for  
**Counseling and Educational Services, LLC** agree to the following conditions:

1. Understanding that privacy and confidentiality are essential ingredients in gaining the trust and confidence of our child we waive our right to be informed as to the nature and content of sessions with our child and assign our privilege under the requisite statutes to our child. We understand that this waiver is irrevocable and that, by signing this agreement, we give our child the legal right to control who has access to his/her protected information subject to the following:
  - a. As parents we retain the right to be notified immediately if, in the opinion of the therapist, our child is in clear and present danger of seriously harming him/her self or others. This specifically does not apply to the use of illicit drugs or consensual sexual activity.
  - b. We also retain the right to be notified immediately if it is discovered that our child is being sexually or physically abused by another person.
  - c. We understand that our child is free to discuss any and all material gone over in session with his/her parents and will be encouraged to do so.
  - d. We agree to be responsible for payment of appointments scheduled by ourselves and/or our child. We are aware of the office policy of charging for appointments missed or appointments canceled with less than 24 hours notice.
2. We, the parents, will be informed as to general treatment progress. Parents will be included, from time to time, in therapy sessions and the client will be strongly encouraged to disclose information to his/her parents that the therapist believes might be important to good parenting.
3. The therapist will also, when appropriate, advise and counsel the parents as to strategies that might be helpful in parenting their child without disclosing specific, confidential information.

Expecting to be bound by the above conditions,

\_\_\_\_\_ (Parent) Date \_\_\_\_\_

\_\_\_\_\_ (Parent) Date \_\_\_\_\_

\_\_\_\_\_ (Client) Date \_\_\_\_\_

\_\_\_\_\_ (Therapist) Date \_\_\_\_\_