



Parental Confidentiality Agreement and Waiver Regarding a Minor

Although legally, as the parent(s)/guardian(s) of _____, I/we have the right to all information pertaining to my/our child(ren) and his/her care, I/we hereby waive that right in the best interest of my/our child(ren). I/We understand that in order for my/our child(ren) to establish a trusting therapeutic relationship with the therapist, he/she will need some reassurance that the information disclosed will be kept private. I/we agree that the therapist will have complete discretion as to what information he/she shares and which he/she elects to keep confidential (other than mandatory disclosures required by law, pertaining to danger to self and/or others – *please refer to the disclosure statement for details*).

For older minors in particular, some areas of discussion during a session may include:

- Diet, exercise, and body image
- Fighting, danger, and violence
- Sexuality and sexual behavior
- Safety and driving
- Smoking, drugs, and alcohol
- Working and job-related activities
- Depression, anxiety, and stress
- Peer pressure and bullying
- School
- Relationships
- Family life

I/We understand that the therapist will encourage my/our child(ren) to communicate his/her concerns with me/us when and if he/she feels comfortable doing so. However, I/we understand that there will be some things that my/our child(ren) may prefer to keep private with the therapist and consent to this choice of confidentiality.

X

PARENT(S)/GUARDIAN(S) SIGNATURE(S)

DATE

X

THERAPIST SIGNATURE

DATE