

MINORS AND PARENTS

In the case of minors, parent signatures on this document provide authorization to treat your child. Patients 14 years of age and older have the right to consent to and receive individual psychotherapy and information about that treatment cannot be disclosed to anyone without the child's agreement. Parents have the right to review the records of children under 14 unless I decide that such access is likely to injure the child or you and I agree otherwise. Since both parental involvement and building a safe, trusting relationship with a minor patient in therapy is important, my policy is to request an agreement between a minor-aged patient 14 to 18 years old and his/her parents, allowing me to share general information about the progress of the child's treatment and his/her attendance at scheduled sessions. Any other communication will require the child's authorization, unless the therapist feels that the child is in danger or is a danger to someone else, in which case I will notify the parents of that concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

I have reviewed, understand, and agree to Dr. Peterson's policy on minors and parents.

Minor (print name): _____ Date: _____

Minor (signature): _____

Guardian (print name): _____ Date: _____

Guardian (signature): _____