

Molly L Nicholson, MA, LPCC

www.mollylpcc.com

3507 Lyndale Ave South

Minneapolis, MN 55408

Adolescent Confidentiality & Parental Consent to Treat

The purpose of meeting with a counselor or therapist is to get help with problems in your life that are bothering you or that are keeping you from being happy and successful in important areas of your life. You may be here because you wanted to talk to a counselor or therapist about these problems. Or, you may be here because your parent, guardian, doctor or teacher had concerns about you. When we meet, we will discuss these problems. I will listen to you, ask questions and sometimes suggest ideas for improving these concerns. It is important that you feel comfortable talking to me about the issues that are bothering you. Sometimes these issues will include things you don't want your parents or guardians to know about. For most people, knowing that what they say will be kept private helps them feel more comfortable and have more trust in their counselor or therapist. Privacy, also called confidentiality, is an important and necessary part of good counseling.

As a rule, I will keep the information you share with me in our sessions confidential, unless I have your written consent to disclose certain information. There are, however, important exceptions to this rule that are important for you to understand before you share personal information with me in a therapy session. In some situations, I am required by law or by the guidelines of my profession to disclose information whether or not I have your permission. I have listed some of these situations below.

Confidentiality cannot be maintained when:

You tell me you plan to cause serious harm or death to yourself, and I believe you have the intent and ability to carry out this threat in the very near future. I must take steps to inform a parent or guardian of what you have told me and how serious I believe this threat to be. **I must make sure that you are protected from harming yourself.**

You tell me you plan to cause serious harm or death to someone else who can be identified, and I believe you have the intent and ability to carry out this threat in the very near future. In this

situation, I must inform your parent or guardian, and I must inform the person who you intend to harm.

You are doing things that could cause serious harm to you or someone else, even if you do not intend to harm yourself or another person. In these situations, I will need to use my professional judgment to decide whether a parent or guardian should be informed.

You tell me you are being abused (physically, sexually or emotionally) or that you have been abused in the past. In the case of physical or sexual abuse I am required by law to report the abuse.

You are involved in a court case and a request is made for information about your counseling or therapy. If this happens, I will not disclose information without your written agreement unless the court requires me to (which is quite rare generally and has never happened in my practice). I will do all I can within the law to protect your confidentiality, and if I am required to disclose information to the court, I will inform you that this is happening.

Communicating with your parent(s) or guardian(s)

Except for situations such as those mentioned above, I will not tell your parent or guardian specific things you share with me in our private therapy sessions. This includes activities and behavior that your parent/guardian may not approve of — or would be upset by — but that do not put you at risk of *serious* and *immediate* harm. However, if your risk-taking behavior becomes more serious, then I will need to use my professional judgment to decide whether you are in serious and immediate danger of being harmed. If I feel that you are in such danger I will communicate this information to your parent or guardian.

Signing below indicates that you have reviewed the policies described above and understand the limits to confidentiality. If you have any questions as we progress with therapy, please feel free to ask me at any time.

I give my consent for Molly Nicholson, MA, LPCC to evaluate and provide psychotherapeutic treatment to the above-named minor. Prior to initiating any potential consultation with other relevant professionals, I would require signed authorization to disclose information. Generally, I do not consult with other professionals unless it seems particularly important for treatment.

I understand that I have the right to be involved in the treatment planning process.

I *further* understand that I have the right to decline a specific treatment recommendation should one be encouraged.

Minor client's Signature _____ Date _____

Parent or Guardian's Signature _____ Date _____