

## WellSpring Child and Family Psychology, PC

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### Important Information about your Privacy: *Adolescent therapy agreement*

Welcome! Adolescence can be a challenging time - from navigating social relationships, to planning and preparing for your future, to dealing with sometimes difficult life experiences. We understand that each adolescent's life experience is unique. Whether you are coming at your own request or because someone else is concerned about you, when we meet we will take the time to listen to you and understand your concerns. In order for us to provide the best support for you, it is important that you feel comfortable sharing your concerns with us. There may be some things that you do not feel comfortable sharing with parents, teachers, or others. Having privacy (or confidentiality) is an important part of therapy and helps most people to feel more comfortable talking openly with their psychologist. This letter is to help explain our privacy policy, so that you know what types of information may be shared and which will not.

**In general, the information we discuss in sessions will not be shared with anyone else unless you/your guardians request that we share information.** However, there are a few situations in which we might be required by law or by my professional board to share information (with or without permission from you/your parents), and you should be aware of these exceptions before we begin therapy. We have listed some of these situations below.

#### We cannot keep information confidential when:

- >You tell us that you intend to harm yourself or that you have plans for suicide, or if we believe that you have an intent to harm yourself. In these cases, we will take steps to protect you - usually by telling your parents, guardians, or others who can help to protect you.
- > You tell us that you have a plan to harm someone else, and we believe that you intend to do so. In this case, we must inform your parent/guardian, as well as the person 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, we will need to use our professional judgment to decide whether a parent or guardian should be informed.
- >You tell us you are being abused-physically, sexually, or emotionally-or that you have been abused in the past. In this situation, we are required by law to report the abuse to the Virginia Department of Social Services.
- >You are involved in a court case and a request is made for information about your counseling or therapy. If this happens, we will not disclose information without your written agreement *unless*

the court requires us to do so. We will do all we can, within the law, to protect your confidentiality. If we are required to disclose information to the court, we will inform you that this is happening.

#### Sharing information with parent(s) or guardian(s):

Our general policy with individuals over the age of 13 is that we will not share information discussed in our individual sessions with your parents/guardians. This includes information that parents/guardians would not approve of but does not put you at risk of serious injury or harm. If we learn about behaviors or activities that may place you in more serious danger or harm, we will use our professional judgement to determine whether or not we will need to inform your parents/guardians. If we ever feel that you are in danger or at risk of serious harm, we will inform your parents and/or take steps to keep you safe.

Example: If you tell us that you have tried alcohol at a few parties, we would keep this information confidential. If you tell us that you are drinking and driving or that you are a passenger in a car with a driver who is drunk, we would not keep this information confidential from your parent/guardian. If you tell us, or if we believe based on things you have told us, that you are addicted to alcohol, we would not keep this information confidential.

Example: If you tell us that you are having protected sex with a boyfriend or girlfriend, we would keep this information confidential. If you tell us that, on several occasions, you have engaged in unprotected sex with people you do not know or in unsafe situations, we will not keep this information confidential.

You can always ask us questions about the types of information we would disclose. You can ask in the form of “hypothetical situations.” In other words, you could say, “If someone told you that they were doing \_\_\_\_\_, would you tell their parents?”

Even if we have agreed to keep information confidential – to not tell your parent or guardian – we may believe that it is important for them to know what is going on in your life. In these situations, we will encourage you to tell your parent/guardian and will help you find the best way to tell them. Also, when meeting with your parents, we may sometimes describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you.

You should also know that, by law in Virginia, your parent/guardian has the right to see any written records we keep about our sessions. It is rare that a parent/guardian would ever request to look at these records.

#### Communicating with others:

School: We will get permission from you/your parents or guardians before sharing any information with your school. It is sometimes helpful to talk with schools to get information

about how things are going at school and/or about services the school provides. It may also be helpful in some situations to give suggestions to teachers or others. If you want us to share information with your school, we will discuss this with you and get written permission. Should we not have your permission, but your parent/guardian and your provider at WellSpring believe that it is very important for us to be able to share certain information with someone at your school, we will use our professional judgment to decide whether to share any information.

Doctors: We generally recommend that everyone sign permission for us to release information to their doctor about things that might impact their physical health. This can be very important, especially given that doctors may be managing medications to help with symptoms we are discussing. The only time we will share information with your doctor even if we do not have your permission is if you are doing something that puts you at risk for serious and immediate physical/medical harm.

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**Adolescent Consent Form &  
Parent Agreement to Respect Privacy**

**Adolescent therapy client:**

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, you can ask your therapist at any time.

Minor's Signature \_\_\_\_\_ Date \_\_\_\_\_

\* \* \*

**Parent/Guardian:**

Check boxes and sign below indicating your agreement to respect your adolescent's privacy:

I will refrain from requesting detailed information about individual therapy sessions with my child. I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed.

Although I know I have the legal right to request written records/session notes since my child is a minor, I agree NOT to request these records in order to respect the confidentiality of my adolescent's treatment.

I understand that I will be informed about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the therapist's professional judgment and may sometimes be made in confidential consultation with her consultant.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_