

# Green House Group, PA

## Psychotherapy and Consultation

250 Commercial Street, Suite 3004 \* Manchester, NH 03101 \* (603) 668-3050 \* Fax (603) 668-8666

### INFORMED CONSENT: TREATMENT OF MINORS

The following information assumes that the parent(s) have already read, understood and agreed to the overall informed consent document entitled Treatment Services Agreement which accompanies this section pertaining to Treatment of Minors.

If the individual receiving treatment is under the age of 18 their parents and/ or legal Guardian must authorize services. It is our policy to undertake treatment of minors only with the consent of both parents; unless, at our discretion, it is reasonable to proceed with authorization by one parent; or under legal conditions which otherwise allow such authorization, i.e. Sole Decision-Making Responsibility and/ or a Court's Order.

Under conditions where only one parent authorizes treatment for their minor child, that parent should be aware that the non-authorizing parent may have the legal right to access the child's record. In contested custody disputes involving the records of minor children, the release of such records may require an independent determination by the Court if its disclosure is not deemed in the child's best interest (Berg v. Berg).

Should there be extenuating legal circumstances related to the minor's treatment, i.e. ongoing custody/ visitation litigation/ divorced parents - and it appears reasonable to accept the case given that context - we require that a separate document be completed by the parent(s) which addresses specific parameters under which we can provide assistance.

In general, we limit treatment solely to that which will benefit your child; thus, anything that is shared in session is treated as confidential. We ask that neither parent attempt to use any aspect of their child's treatment to obtain an advantage in any legal proceeding.

Under these conditions, and unless other arrangements are agreed to in writing, the parent(s)/ Guardian must agree that they would never support, or seek via subpoena, any legal effort to have the clinician deposed or testify in Court; nor would the parent(s) or Guardian ever authorize the child's clinical record to be used for legal or other non-clinical purposes.

If the client is under the age of 18 and not considered emancipated by the Court, state law provides the parents with the right to examine treatment records. Depending on the adolescent's age, maturity, and goals for treatment, we make every attempt to honor the minor's confidentiality as appropriate to the goals of treatment. It is thus our general policy to request that the parents agree to limited access to records and to accept summary information regarding their son/ daughter's treatment and progress.

An exception to this policy could occur should the therapist believe that a significant risk exists that the minor individual may seriously harm them self or another, in which case we must immediately notify the parent of these concerns. Before providing any such information to a parent the therapist would make every effort to discuss the matter thoroughly with the minor client.

Should there be a disclosure during treatment through which the therapist learns of sexual activity between one or both underage (16) adolescents, we are legally obligated to inform our client's parent - and under certain conditions child welfare authorities.

In the case of treatment for substance-related concerns, Federal Confidentiality Law indicates that parents have the right to examine the records of children under the age of 12. A child 12 years of age and older has the same rights to confidentiality as an adult when seeking treatment for substance use issues.

**CONSENT FOR TREATMENT OF A MINOR**

I/ We \_\_\_\_\_ ,  
(Printed)

Parents/ legal Guardians of \_\_\_\_\_ (DOB: \_\_\_\_\_ )  
(Printed)

authorize the provision of therapeutic services as explained for my son/ daughter from

\_\_\_\_\_  
Clinician (Printed)

\_\_\_\_\_  
Parent/ Guardian's Signature and Date

\_\_\_\_\_  
Parent/ Guardian's Signature and Date

\_\_\_\_\_  
Clinician's Signature and Date