

Toby Beach_{LMSW, PLLC}

300 East Maple Ste. 315 Birmingham, MI 48009 | 248-885-0888 | beach.toby@gmail.com

CONSENT TO TREATMENT: CHILDREN AND ADOLESCENTS

Please review the terms this Consent to Treatment by Toby Beach, LMSW, PLLC regarding therapy services to my child. Before my child begins treatment, I understand that it is important to review and understand these child therapy guidelines.

If legal custody is shared, both parents must consent to the treatment of your child. If one custodial parent objects to my child's participation in therapy, treatment will not be provided.

In the event there is a custody order in place, I (we) will provide the custody order to the therapist before therapy begins. If at any time a custody order or document changes the terms of custody, the new document will be promptly provided to the therapist.

Parents, step-parents, guardians, caregivers, or co-parents may be substantially involved during my child's treatment. The therapist will discuss the ways in which she will need me to be involved after an assessment of my child's situation. I understand that the therapist and I will work together in a collaborative manner, although there may be times that the therapist will make specific requests of me related to my child's treatment. I understand that I will need you to follow through with those requests as well as keep the therapist informed of relevant events in my family's/child's life.

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. All other communication will require the child's authorization unless the therapist feels there is a safety concern, in which case the therapist will make every effort to notify the child of the therapist's intention to disclose information ahead of time and make every effort to handle any objections.

Parent/Guardian: Initial the points below and include my signature at the bottom to indicate my agreement to respect my child's privacy:

_____ **(initial)** 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.

_____ **(initial)** Although I know I have the legal right to request written records/session notes since my child is a minor, which disclosure may be limited by law under certain circumstances, I agree NOT to request these records in order to respect the confidentiality of my child's treatment.

_____ (initial) I understand that I will be informed about situations that could seriously endanger my child. I know the decision to disclose information in these circumstances is up to the therapist's professional judgment.

The parents, stepparents, or co-parents of children in therapy often have conflicts. The therapist's role is not to take sides with one or both parents or a guardian, but is responsible to my child, the client, as the therapist deems necessary in her/his professional judgment. Taking sides would compromise the therapist's role as my child's therapist. Most things you tell the therapist are confidential (please review the exceptions in the Consent to Treatment), but the therapist has legal obligations that are required to be reported by law.

If treatment ends, the therapist has the option of having a few closing sessions with my child to properly end the treatment relationship. Periodically during treatment and at the end of treatment, the therapist will review the progress made towards goals and potential areas that may require intervention in the future.

To work effectively with my child, I understand that I agree that the therapist's role will be limited to providing treatment. This means that I agree to not involve the therapist in any legal matters, including disputes about custody or custody arrangements (visitation, etc.). If there is a court-appointed evaluator, and if appropriate releases are signed and a court order is provided, the therapist will provide general information, as allowed by law, about your child which will not include recommendations concerning custody or custody arrangements. The therapist is ethically bound not to give my opinion about either parent's custody or visitation suitability because understand the therapist was hired to provide therapy, not a custody evaluation.

By signing this Consent to Treatment I acknowledge I have read these guidelines and terms, have had all my questions answered, and agree to follow and abide by these guidelines, policies, and requirements of Toby Beach, LMSW, PLLC.

Name of Child

Date

Print Name of Individual Signing

Signature

Legal Status: (Parent, Guardian, etc.)