

### Adolescent Informed Consent Form

The purpose of meeting with therapist is to get help with problems that are bothering you or interfering with success in important areas of your life. You may be here because you have asked to talk to a therapist, or you may be here because your parents, teachers, doctor or someone else has concerns about you, or thinks you could use some support. The process of therapy involves developing a better understanding about whatever difficulties you are having and learning strategies to cope with and manage those difficulties. Often, approaching whatever you are struggling with will mean talking about topics or feelings you do not want your parents or guardians to know about. For most people, knowing that what they say will be kept private helps with this. As a teenager, you have certain rights to privacy that are not equal to those of an adult (the legal definition of which is 18 years old), but privacy, also called confidentiality, is a critical part of effective psychotherapy. As a general rule, information you share in therapy sessions is confidential. However, there are exceptions to this rule that are important to understand prior to starting with the therapy process. In some situations it is required by law or professional guidelines that information discussed in therapy be shared with others. Some of those situations are described below. Most involve your protection and the protection of others.

1. If you report having a plan to harm yourself, based on the evaluation of that plan, confidentiality can be broken in order to protect you from harming yourself.
2. If you report having a plan to harm someone else, based on the evaluation of that plan, confidentiality can be broken in order to protect the person you intend to harm.
3. If you are involved in activities that could cause harm to yourself or someone else, even if you do not intend to harm yourself or someone else, based on the evaluation of that behavior, confidentiality can be broken.
4. If you report that you are being abused - physically, emotionally or sexually – or that you have been abused in the past, Vermont law requires that this be reported to the Department of Children and Families.
5. If you are involved in a court case and a request is made for information about your therapy, information will be disclosed with your written consent unless the court requires that information be provided. If this occurs, you will be informed of the proceedings, and efforts to protect your confidentiality will be taken and discussed with you.
6. If you agree that information can be shared with a specific person or entity, then we will discuss the limits of what will be shared, and how that information will be shared.

Except for situations as described above, your parents/guardians will not be told of specific information you disclose in therapy. This includes activities and behavior that your parents/guardians would not approve of, but that do not put you or others at risk for immediate harm. While I will not share any information with your parents/guardians that does not put you or others at risk, I may discuss with you whether it would be beneficial for you to share some of this information with them. I may also provide specific suggestions to your parents/guardians that do not involve breaking your privacy. Below, you are asked to sign this form, as are your parents/guardians, and you can be given a copy of this if you would like.

Client Printed Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Adolescent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_