

Minor Privacy of Information Shared in Counseling/Therapy: Your Rights and My Policies

What to expect:

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 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 ask questions, listen to you and suggest a plan for improving these problems. 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 general 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, or in some cases a regulatory or governmental body, and in some cases a school or the police, 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, or in some cases a regulatory or governmental body, and in some cases a school or the police, 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 and regulatory guidance to decide whether another person or entity should be informed.

>You tell me you are being abused-physically, sexually or emotionally-or that you have been abused in the past. In this situation, I am required by law to report the abuse to the Texas Department of Protective and Regulatory Services.

>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 or if you provide written authorization. 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) if you are a minor or guardian(s) if you have one assigned:

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 would 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.

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

Example: If you tell me that you are having protected sex with a boyfriend or girlfriend, I will keep this information confidential. If you tell me that, on several occasions, you have engaged in unprotected sex with people you do not know or in unsafe situations, I will not keep this information confidential. You can always ask me questions about the types of information I would disclose. You can ask in the form of "hypothetical situations," in other words: "If someone told you that they were doing _____, would you tell their parents?"

Even if I have agreed to keep information confidential – to not tell your parent or guardian – I may believe that it is important for them to know what is going on in your life. In these situations, I 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, I may sometimes describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you.

Communicating with other adults:

School: I will not share any information with your school unless I have your permission and permission from your parent or guardian or if I am legally compelled to do so. Sometimes I may request to speak to someone at your school to find out how things are going for you. Also, it may be helpful in some situations for me to give suggestions to your teacher or counselor at school. If I want to contact your school, or if someone at your school wants to contact me, I will discuss it with you and ask for your written permission.

Doctors: Sometimes your doctor and I may need to work together; for example, if you need to take medication in addition to seeing a counselor or therapist. I will get your written permission and permission from your parent/guardian in advance to share information with your doctor. The only time I will share information with your doctor even if I don't have your permission is if you are doing something that puts you at risk for serious and immediate physical/medical harm or I am compelled to do so by law.

* * * * *

**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 to, as much as possible, allow the therapy sessions to be a confidential outlet between the minor and his/her therapist and will attempt to allow that autonomy.

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 by law and may sometimes be made in confidential consultation with her consultant/supervisor.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Therapist Signature _____ Date _____

Demographic Information

Dr. Tania Glenn & Associates, PA

Client's Name: _____ Date: _____

Gender: ____M ____F Date of birth: _____ Age: _____

Form completed by (if other than client); _____

Address: _____ City: _____ State: ____ Zip: _____

Phone (home): _____ (work): _____ ext: _____

Mobile: _____ Email Address: _____

Social Security Number: ____ - ____ - ____ Medicaid Number: _____

Other Insurance Name: _____ ID Number: _____

Name of Insured: _____ Relationship to you: _____

Emergency Contact Information

Name: _____ Relationship to you: _____

Phone number(s): _____

Address: _____

If you need any more space for any of the questions please use the back of the sheet.

Primary reasons for seeking services:

Goals for therapy:

Signature of Client or Representative

Signature of Clinician

Consent for Treatment of a Minor Child

I (We) _____
(name)

of City _____ County _____ State _____

do hereby state that I am/we are the parent(s) or legal guardian(s) of

(name)

a minor, age _____, born on _____.

We authorize and consent to any necessary treatment and diagnostic assessments

for therapeutic services through Dr. Tania Glenn & Associates, PA.

Signature

Date

Client E-mail/Texting Informed Consent Form

1. Risks Associated with e-mail/texting: The transmission of client information by e-mail and or text has a number of risks that you should be aware of prior to the use of this form of communication with your therapist:

- a. E-mails and text senders can easily misaddress an e-mail or text and send the information to an undesired recipient.
- b. E-mails and texts can be intercepted, altered, forwarded or used without authorization or detection.
- c. E-mails and texts may not be secure and therefore it is possible that the confidentiality of the communication may be breached by a third party.
- d. There is a potential for technological failure.

2. Conditions for the use of e-mail and texts: Prior to electronic communication, your identity must be verified. Please list your telephone number and/or email address you will use. After the initial communication, your number and email address will verify your identity to your therapist.

Phone number: _____

Email address: _____

Therapists cannot guarantee, but will use reasonable means to maintain, security and confidentiality of email and text information sent and received. Your therapist is not liable for improper disclosure of confidential information that is not caused by therapist intentional misconduct.

3. Clients must acknowledge and consent to the following conditions prior to the use of e-mail and texts for communications.

- a. E-mail and texting are not appropriate for urgent and emergency situations. Clinician cannot guarantee that any particular email and or text will be read and responded to within any particular period of time. If Clinician is not available and it is an emergency, you should call 911 or go to the closest emergency room.
- b. E-mail and texts should be concise and mostly consist of scheduling issues or small issues that can be dealt with in this forum. Complex and sensitive issues can be discussed in scheduled session time.
- c. Clients should not use email or text for communication of sensitive mental health or medical information.
- d. Therapist is not liable for breaches of confidentiality caused by the client or any third party.

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email and or texts between my

therapist and me and consent to the conditions and instructions outlined as well as any additional instructions that may be imposed by my therapist.

Printed Client Name: _____

Client Signature _____ Date _____

Clinician Signature _____ Date _____

Therapeutic Fee Schedule

Name of Patient: _____

Name of Responsible Party: _____

Private Pay is \$100.00 per hour unless covered by a department contract or other funding source. Please clarify with your counselor prior to starting treatment.

All major credit cards accepted.

Childhood Problems Checklist

Child's Name: _____ **Date:** _____

Person completing this form: _____

Please identify your concerns about this child by placing a number beside a problem, using the choices below. Only rate items when you have a concern. Do not place numbers next to problems about which you have no concerns.

- 8** = Slight concern but I have *not* thought about getting help for this problem
- 7** = Some concern *or* I have thought about getting help for this problem
- 6** = Moderate concern *or* someone has encouraged me to get help for this problem
- 5** = Serious concern *or* a few people have encouraged me to get help for this problem
- 4** = Major concern *or* many people have pressured me to get help for this problem
- 3** = Unable to function *or* the child is totally unable to do what is age-appropriate in this area
- 2** = A danger to self or others some of the time
- 1** = A persistent danger to self or others

- | | |
|--|--|
| _____ Abuse or Neglect of Child | _____ Irritable |
| _____ Acts without Thinking (Hyperactive or Impulsive) | _____ Lying |
| _____ Aggressive Behavior | _____ Makes Strange Vocal Sounds |
| _____ Anger | _____ Makes Strange, Jerking Movements |
| _____ Anxious, Tense, Worried | _____ Making or Keeping Friends |
| _____ Arguing with Adults | _____ Parent-Child Relationship |
| _____ Arguing with Other Children | _____ Paying Attention |
| _____ Arithmetic | _____ Performing Unusual Habits or Rituals |
| _____ Articulation, Spoken Language | _____ Playground Behavior |
| _____ Bad Dreams or Nightmares | _____ Playing or Relating with Other Children |
| _____ Bedwetting | _____ Reading |
| _____ Bothered by Recurring Thoughts | _____ Refusing to Speak |
| _____ Bothered by Some Trauma | _____ Relationship with Sibling(s) |
| _____ Bullying or Threatening Others | _____ Sadness/Depression |
| _____ Classroom Behavior | _____ School Attendance |
| _____ Complains about Not Feeling Well | _____ School Grades |
| _____ Coordination | _____ Self-Injurious Behavior |
| _____ Critical of Self | _____ Sexual Behavior |
| _____ Daydreaming | _____ Shy |
| _____ Defiant, Oppositional, Noncompliant | _____ Sleeping |
| _____ Destruction of Property | _____ Social Skills and Problem Solving |
| _____ Divorce of Parents | _____ Soiling Underwear |
| _____ Eating | _____ Stealing |
| _____ Fears or Phobias | _____ Strange, Weird, or Peculiar Behavior |
| _____ Fidgeting, Squirming, "Hyper" | _____ Tantrums |
| _____ Fighting | _____ Teased or Victimized by Peers |
| _____ Fire Setting | _____ Weight |
| _____ Grief or Bereavement | _____ Worrying about Being Separated from a Parent |
| _____ Health Problems | _____ Writing |
| _____ Homework | _____ Other: _____ |
| _____ Impact of Child's Problems on Parents | _____ Other: _____ |

Adolescent Problems Checklist

Adolescent's Name: _____ Date: _____

Person completing this form: _____

Please identify your concerns about this adolescent by placing a number beside a problem, using the choices below. Do not place numbers next to problems about which you have no concerns.

- 8 = Slight concern but I have *not* thought about getting help for this problem
- 7 = Some concern *or* I have thought about getting help for this problem
- 6 = Moderate concern *or* someone has encouraged me to get help for this problem
- 5 = Serious concern *or* a few people have encouraged me to get help for this problem
- 4 = Major concern *or* many people have pressured me to get help for this problem
- 3 = Unable to function *or* the adolescent is totally unable to do what is age-appropriate in this area
- 2 = A danger to self or others some of the time
- 1 = A persistent danger to self or others

- | | |
|--|--|
| _____ Abuse or Neglect of Youth | _____ Impact of Youth's Problems on Siblings |
| _____ Acts without Thinking (Hyperactive or Impulsive) | _____ Irritable |
| _____ Aggressive Behavior | _____ Lying |
| _____ Alcohol | _____ Makes Strange Vocal Sounds |
| _____ Anger | _____ Makes Strange, Jerking Movements |
| _____ Anxious, Tense, Worried | _____ Making or Keeping Friends |
| _____ Arguing with Adults | _____ Mood Swings |
| _____ Arguing with Other Youth | _____ Parent-Child Relationship |
| _____ Bad Dreams/Nightmares | _____ Paying Attention |
| _____ Bedwetting | _____ Performing Unusual Habits or Rituals |
| _____ Boredom | _____ Planning or Organizing Schoolwork |
| _____ Bothered by Recurring Thoughts | _____ Relating to Other Adolescents |
| _____ Bothered by a Traumatic Event | _____ Reading |
| _____ Bullying or Threatening Others | _____ Relationship with Sibling(s) |
| _____ Career | _____ Running Away |
| _____ Classroom Behavior | _____ Sadness/Depression |
| _____ Complains about Not Feeling Well | _____ School Attendance |
| _____ Critical of Self | _____ School Grades |
| _____ Daydreaming | _____ Self-Injurious Behavior or Suicide |
| _____ Defiant, Oppositional, Noncompliant | _____ Sexual Behavior |
| _____ Destruction of Property | _____ Shy |
| _____ Divorce of Parents | _____ Sleeping |
| _____ Drugs | _____ Social Skills and Problem Solving |
| _____ Eating | _____ Social Support (Family and Friends) |
| _____ Fears or Phobias | _____ Stealing |
| _____ Feeling Detached from Self | _____ Strange, Weird, or Peculiar Behavior |
| _____ Fidgeting, Squirming, "Hyper" | _____ Teased or Victimized by Peers |
| _____ Fighting | _____ Using Nonprescription Drugs or Substances |
| _____ Fire Setting | _____ Weight |
| _____ Grief, Bereavement | _____ Worrying about Being Separated from a Parent |
| _____ Health Problems | _____ Writing |
| _____ Homework | _____ Other: _____ |
| _____ Illegal or Unlawful Behavior | _____ Other: _____ |