



Agreement for Meeting with My Therapist

I _____ agree to meet with my therapist. Our meetings will last 45 – 50 minutes. When we meet, we will most likely just talk, but we may also draw pictures, play games, or do other things to help this therapist get to know me better and understand my problems, thoughts, and goals.

I understand that my parent(s) or my guardian(s) has a right to know how I am doing in therapy. I agree that this therapist may talk with my parent(s)/guardian(s) to discuss how I am doing. They may also talk about concerns and worries they may have about me. Or they may talk about things the therapist and I decide my parent(s)/guardian(s) needs to know about. Sometimes this therapist may meet with my parent(s)/guardian(s) without me. At other times, we may all meet together.

The specific things I talk about in my meetings with the therapist are private. I understand this therapist will not tell others about the specific things I tell him or her. My therapist will not repeat these things to my parent(s)/guardian(s), my teachers, the police, probation officers, or agency employees. But there are two exceptions. First, because of the law, the therapist will tell others what I have said if I talk about seriously hurting myself or someone else. The therapist will have to tell someone who can help protect me or the person I have talked about hurting. Second, if I am being seriously hurt emotionally, physically or sexually by anyone, this therapist has to tell someone for my protection.

I understand that I may not feel good about some things we talk about in our meetings. I may feel uncomfortable talking to this therapist because I don't yet know him or her very well. I may feel embarrassed talking about myself. Some of the things we talk about may make me feel angry or sad. Sometimes coming to meetings may interfere with doing other things I enjoy more. But I also understand that coming to therapy should help me feel better in the long run. I may find that I will trust this therapist and can talk about things that have been hard to talk to anyone else about. I may learn some new, important, and helpful things about myself and others. I may learn some new and better ways of handling my feelings or problems. I may feel less worried or afraid and come to feel better about myself.

Any time I have questions or am worried about my therapist, I know I can ask this therapist. My therapist will try to explain things to me in ways that I can understand. I also know that if my parent(s)/guardian(s) has any questions, the therapist will try to answer them. I understand that my parent(s)/guardian(s) can stop my coming to therapy if he or she thinks that is best. If I decide therapy is not helping me and I want to stop, this therapist will discuss my feelings with me and with my parent(s)/guardian(s). I understand that the final decision about stopping is up to my parent(s)/guardian(s).

Our signatures below mean that we have read this agreement, or have had it read to us, and agree to act according to it.

Signature of Child/Adolescent

Date

Signature of Parent/Guardian

Date

I, the therapist, have discussed the issues above with the minor patient and his/her parent(s)/guardian(s). my observations of their behavior and responses give me no reason, in my professional judgment, to believe that these persons are not fully competent to give informed and willing consent and assent.

Signature of Therapist

Date