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INFORMED CONSENT ADDENDUM

Parent Agreement for Child/Adolescent Treatment Following Separation or Divorce

Regarding: _____ DOB/Age: _____

Counseling can be an important resource for children learning to cope with separation and divorce. Research and professional experience have shown that children who have a safe and neutral setting in which to discuss their feelings are better able to adjust to the effects of separation or divorce.
In order for counseling to succeed, it is important for you to understand how treatment works and to agree to the following terms and conditions. Please read this information carefully and ask me any questions about it before your child starts treatment.

1. Treatment will focus on your child and his/her adjustment to changing family conditions.
2. Since the focus of counseling will be on your child, it is important for you to recognize that I am not providing mediation, or family, marital, or adult treatment. If you would like a referral for these other services, please let me know.
3. Parent involvement is essential. It is also important that both parents are involved and that I have regular opportunities to talk with both parents in order to understand any concerns that may surface about your child.
4. Please protect your child from conflict related to separation or divorce. It is important that you and your spouse or ex-spouse do not argue in front of your child or involve your child in any adult conflicts. It is also important to not use your counseling session to bring up complaints about your spouse or ex-spouse. Whenever possible, support your child's relationship with the other parent and do not do anything to undermine the relationship.
5. My job is to remain neutral. I will not take sides in any disputes between you and your spouse or ex-spouse. Please respect my neutrality and do not ask me to take sides. I do not make recommendations for custody.
6. If you are involved in or anticipate being involved in legal proceedings, please notify me as soon as possible. It is important for me to understand how, if at all, your involvement in these proceedings might affect our work together. In the event you are entering treatment because you have been asked to obtain a psychological evaluation, it is important for you to know the difference between treatment and an evaluation, and to recognize that treatment is not a substitute for an evaluation or an appropriate method to obtain evaluative results. If you need an evaluation I will be happy to assist you in finding a provider that offers this service.
7. It is also important for you to know that I will not be a party to any legal proceedings against either parent. My goal is to support your child to achieve therapy goals-not to address legal issues that require an adversarial approach. Parents requesting treatment for their child are agreeing to not involve me in legal/court proceedings and will not attempt to obtain records of treatment for legal/court proceedings. This prevents misuse of your child's treatment for legal objectives.
8. I keep records about your child's treatment. My treatment records will also include child-focused information supplied by each parent. I do not keep secrets so please recognize that any information that you disclose to me will be included in your child's treatment record. This treatment record will be accessible to both parents and authorized parties.
9. Although your child's treatment is a confidential and privileged relationship, if I become concerned that your child's health or safety is in jeopardy, or if I learn that your child has suffered mistreatment, in some situations I will make a report to the appropriate authorities.

I have read or have had this information read to me. I have had the opportunity to ask questions. I agree to these terms and conditions.

_____ _____
Parent/Caregiver Date Brian Wolff, LCSW, CADC-III Date

_____
Parent/Caregiver Date