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INFORMATION FOR PARENTS OF UNDER-18 CLIENTS

Prior to beginning treatment, it is important for you, as parents, to understand my approach to child/adolescent therapy as well as towards confidentiality during the course of treatment. The information in this document is in addition to the Patient – Therapist Agreement. Under HIPAA and the APA Ethics Code, I am legally and ethically responsible to provide you with informed consent. As we go forward, I will re-discuss important issues as they arise and encourage you to do the same.

Therapy is most effective when a trusting relationship exists between a psychologist and the patient. Privacy is especially important in securing and maintaining that trust. One major goal of treatment is to provide a stronger and better relationship between children or adolescents and their parents. However, it is often necessary for youths to develop a “zone of privacy” whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents, who are naturally developing an increased sense of independence and autonomy.

Depending on the problems or issues being addressed, your child’s age, and you and your child’s preferences, one or both parents may need to be involved in their sessions on a regular basis. Parents may also be seen separately. The purpose of this is to utilize the healing properties of the family to facilitate growth and change, to assist parents in learning how to best respond to their child’s challenges, and to teach all family members skills for the future.

It is my policy to provide you with general information about your child’s treatment status. If they drive independently, I will tell you if your child does not attend sessions, at your request. If it becomes necessary to refer your child to another mental health professional with more specialized skills, I will discuss that with you. At the end of your child’s treatment, if you request it, I will provide you with a treatment summary. This will generally describe what issues were discussed, what progress was made, and which areas are likely to require intervention in the future. (There will be a charge for my time for such preparation.)

One **risk** of child or adolescent therapy involves disagreement between parents, and/or disagreements between parents and therapist, regarding the best interests of the child. If such disagreements occur, I will listen carefully so that I can understand your perspectives and will explain my perspective and reasoning. We can resolve such disagreements, or we can agree to disagree, so long as this enables your child’s therapeutic progress. Ultimately, you will decide whether therapy will continue. If either of you decides that therapy should stop, I will honor that decision. However, I ask that you allow me the option of having one to two closing sessions to appropriately end the treatment relationship.

If your child is an adolescent, it is possible that they might reveal sensitive information regarding sexual conduct, alcohol and drug use, or other potentially problematic behaviors. Sometimes these actions are within the range of normal adolescent experimentation, but at other times they may require parental intervention. We must carefully and directly discuss your feelings and opinions regarding acceptable behavior. **If I have reason to believe that your child is at serious risk of harming him/herself or another person, I will inform you. However, these actions cannot be predicted with any certainty.**

Please be aware that I typically will not share with you specifics which your child has disclosed to me, unless I have your child's consent. *It is better for therapy if you refrain from asking them to describe what we talked about during sessions, as tempting as that may be.* If you would like to meet with me privately at any time to discuss your child's progress in therapy, to talk about events that have occurred at home, or the like, please ask me. I cannot always maintain a trust of a teenager while also meeting privately with parents, so be aware that many of your concerns may need to be shared in joint sessions. While this may be emotionally stressful, it often leads to improvement in the family or parent-child relationship.

Notes about legal issues: My purpose in providing therapy is to benefit your child and improve your relationship with your child, where possible. Please treat anything that is said in sessions with me as confidential. I would advise that neither parent (or stepparent) attempt to gain advantage from my involvement with your child in any future legal proceedings between you. In particular, in any such proceedings, **please do not ask me to testify in court, whether in person or by affidavit.** I also ask that you agree to instruct your attorney not to subpoena me or to refer in any court filing to anything I have said or done.

Of course, a judge may still require my testimony. **If I am required to testify, I am ethically bound not to give my opinion about either parent's custody or visitation suitability.** If I am required to appear as a witness or to participate in any other legally-related activities, the party responsible for my participation agrees to reimburse me at the rate of \$300 per hour for time spent preparing reports or letters, traveling, waiting, testifying, and any other case-related costs.

My signature below signifies that I have read, understand, and agree to the above description of my child's therapy and my (or our) role in it.

Signature

Date

Signature

Date

Therapist's signature

Date