

## **Informed Consent for Minors**

### **PLEASE READ THIS CAREFULLY**

Prior to beginning treatment, it is important for you to understand my approach to child therapy and agree to some rules about your child's confidentiality during the course of his/her treatment. According to AAMFT, BCAMFT, and CPCA, I am legally and ethically responsible to provide you with information so that you can give informed consent for treatment.

### **Policy Regarding Consent for the Treatment of a Minor Child**

Therapists generally require the consent of both parents prior to providing any services to a minor child. If any question exists regarding the authority of Representative to give consent for counselling, the Therapist will require that Representative submit supporting legal documentation, such as a custody order, prior to the commencement of services.

### **Therapist Background, Qualifications, and Theoretical Orientation**

I am a Registered Professional Counsellor (RPC) and a member of the Canadian Professional Counsellors Association (CPCA). I am a certified Gottman Method level I Couples Therapist, a certified Premarital Counsellor by Enrich Canada, and a certified Leveling Prayer Counsellor. I have received training in Traumatic Incident Reduction (TIR) Therapy and in Hope Alive Level I Counselling.

My philosophical approach to counselling is eclectic and holistic in nature. I draw first on the faith foundations of a view of persons and then, I elaborate on most of the contemporary therapeutic models to form an integrative approach to individual, couple, family, and group therapy. Thus, in my professional practice, I employ a variety of techniques from various counselling models and therapies, as well as, spiritual techniques such as prayer and scriptures if and when is appropriate and is consistent with the Client's value system and beliefs.

### **Confidentiality with children under 19 years of age**

When working with children under the age of 19 years old, the issue of confidentiality is often complicated and needs to be discussed, understood by all, agreed upon, and respected. In order for children and teenagers to feel safe and be able to identify and discuss areas of worry, issues, fears, and anxieties, they must feel a sense of privacy and some control about the information they decide to share. It is often necessary then for children 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 a greater sense of independence and autonomy. Thus, my first responsibility is always to honour and respect the child or adolescent's confidentiality. Confidentiality and a trust-relationship are crucial to successful and positive outcomes in counselling work with children and youth. At the same time, I understand there may be types of information that would be important for the parent(s) or guardian(s) to be made aware of in helping them to better understand and support their child or teenager. I will seek

permission from the child / teenager to share relevant themes or details where it seems in their best interest to do.

If your child is an adolescent, it is possible that he/she will reveal sensitive information regarding sexual contact, alcohol and drug use, or other potentially problematic behaviours. Sometimes these behaviours 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 behaviour. If I ever believe that your child is at serious risk of harming him/herself or another, I will inform you.

### **Limits of Confidentiality**

You should know that there are certain situations in which I am required by law to reveal information obtained during counselling to other persons or agencies without your permission. Also, I am not required to inform you of my actions in this regard. These situations are as follows:

- a. If you and/or your child threaten grave or bodily harm or death to self or another person.
- b. If you and/or your child are suicidal.
- c. If you and/or your child reveal information relative to child abuse, child neglect, or elder abuse, I am required by law to report to the appropriate authority.
- d. If a court of law issues a legitimate court order (signed by a judge), I am required by law to provide information specifically described in that order.
- e. If you and/or your child are in counselling by order of court of law, the results of the treatment ordered must be revealed to the court.
- f. If you are seeking payment through an insurance company, I may be required to reveal confidential information to them (each insurer is different).

### **Benefits and Risks of Therapy**

A minor Client will benefit most from counselling when his/her parents, guardians or other caregivers are supportive of the therapeutic process. Counselling is a process in which the Therapist and Clients, and sometimes other family members, discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so Clients can experience his/her life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties the Client may be experiencing.

Counselling is a joint effort between the Client and the Therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors. Participating in therapy may result in a number of benefits to the Client, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviours, improved interpersonal relationships, increased comfort in social, school, and family settings, and increased self-confidence. Such benefits may also require substantial effort on the part of the Client, as well as his/her caregivers and/or family members, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts

and behaviours. There is no guarantee however that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. This discomfort may also extend to other family members, as they may be asked to address difficult issues and family dynamics. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which the Therapist will challenge the perceptions and assumptions of the Client or other family members, and offer different perspectives. The issues presented by the Client may result in unintended outcomes, including changes in personal relationships. During the therapeutic process, many Clients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. The Client should address any concerns he/she has regarding his/her progress in therapy with the Therapist.

One risks of child therapy involves disagreement among parents and/or disagreement between parents and the Therapist regarding the best interests of the child. If such disagreements occur, I will strive to listen carefully so that I can understand your perspectives and fully explain my perspective. 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 end, I will honor that decision. However, I ask that you allow me the option of having a closing session with the child to appropriately end the treatment relationship.

### **Professional Consultation**

Professional consultation is an important component of a healthy counselling practice. As such, Therapists regularly participate in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, Therapists will not reveal any personally identifying information regarding the Client or the Client's family members or caregivers.

### **Records and Record Keeping**

Therapist may take notes during session, and will also produce other notes and records regarding the Client's treatment. These notes constitute the Therapists clinical and business records, which by BC law, Therapists are required to maintain. Should the Clients or legal guardians request a copy of the Therapists records, such a request must be made in writing. The Therapist reserves the right to provide the Client or Representative, with a treatment summary in lieu of actual records. The Therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. The Therapist will maintain Client's records for ten years following termination of therapy, or when the Client is 19 years of age. However, after ten years, the Client's records will be destroyed in a manner that preserves the Client's confidentiality. You should also know that counselling is most effective when a trusting relationship exists between the Therapist and the Client, as well as, between the Therapist and the child's

Representative. Thus respecting your child’s confidentiality in those records most likely will benefit the therapeutic process of your child.

**Fees and Length of Counselling**

1. The standard fee for individual counselling is \$120 and \$150 per couples and family therapy per 60 minute session. If we agree to longer or shorter sessions, I will be charged accordingly. For those who are unable to pay the standard fee, there is a sliding fee scale. I may complete the Application for Fee Reduction if I feel that I qualify for this.
  - a. I agree to pay \$ \_\_\_\_\_ per 60 minute session.
  - b. Payment is due at the time of each session, and no balance will be carried.
  - c. If applicable, I am responsible for submitting the necessary documents to my insurance company to receive reimbursement of fees paid.
2. I understand that the Therapist has the right to seek legal course to recoup any unpaid balance. In pursuing these measures, the Therapist will only disclose biographical information and the amount owed, in order to ensure confidentiality.
3. A **24-hour** notice is required for cancellation of a schedule session. If I do not meet this requirement, I agree to pay the full session fee. I understand that this will be my responsibility, not that of the third-party payer.
4. If I need to cancel an appointment, I should call **604-790-9032**. I may leave a voicemail message on this line.

**I / We have read and understand the information that has been presented to me in the Informed Consent for Minors.**

If the Client is under 12 years of age then parental consent is required (BOTH parents in the case of a joint custody arrangement).

_____	_____	_____
Parent / Guardian	Signature	Date

_____	_____	_____
Parent / Guardian	Signature	Date

If additional children are participating in counselling in terms of family work, please list them below:

**Names of children**

**Date of Birth**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**Counsellor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Ivana Redmond, RPC