

FRANCE FREDERICK, Ph.D.
CLINICAL PSYCHOLOGIST
131 FAIRHOPE AVENUE
FAIRHOPE, AL 36532-2113
TELEPHONE: 251. 928. 0765
FACSIMILE: 251. 990. 9059
LICENSE # 946

Informed Consent and Service Agreement for Child and/Adolescent Psychotherapy and Consultation

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. The information herein is in addition to the information contained in the Office Policies document. Under HIPAA and the APA Ethics Code, I am legally and ethically responsible to provide you with information so that you can give informed consent for treatment. As we go forward, I will try to remind you of important issues as they arise. I require that both parents of a child/adolescent be informed as to psychotherapeutic treatment and both parents agree to such treatment and that they understand the information related to treatment, therapy and the financial arrangements related to psychotherapy.

One risk 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. Therapy is most effective when a trusting relationship exists between the psychologist and the patient. Privacy is especially important in securing and maintaining that trust. It is often necessary 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. By signing this agreement, you will be waiving your right of access to your child's treatment records. It is my policy to provide you with general information about treatment status. I will raise issues that may impact your child either inside or outside the home. I will not share with you specific content that child has disclosed to me without your child's consent. 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 behaviors. Sometimes these behaviors 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 ever believe that your child is at serious risk of harming him/herself or another, I will inform you.

Although my responsibility to your child may require my involvement in conflicts between the two parents, my involvement will be strictly limited to that which will benefit your child. This means, among other things, that you will treat anything that is said in session with me as confidential. Neither parent will attempt to gain advantage in any legal proceeding between the two of you from my involvement with your children. In any such proceedings, neither of you will ask me to testify in court, whether in person, or by affidavit. You also agree to instruct your attorneys not to subpoena me or to refer in any court filing to anything I have said or done.

Note that such agreement may not prevent a judge from requiring my testimony, even though I will work to prevent such an event. If I am required to testify, I am ethically bound not to give my opinion about either parent's custody or visitation suitability. I am not an evaluator of custody or visitation time. If the court appoints a custody evaluator, guardian ad litem, or parenting coordinator, I will provide information as needed (if appropriate releases are signed or a court order is provided), but I will not make any recommendation about the final decision.

If you have any questions regarding this form, the process of psychotherapy, your child's treatment, fees or billing, please do not hesitate to ask.

STATEMENT OF INFORMED CONSENT

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Print Child's/Adolescent's Name _____

Date of Birth _____

Signed (Parent's signature) _____

Date _____

Print Name _____

France Frederick, Ph.D.
Clinical Psychologist