



CHILD/ADOLESCENT THERAPY CONTRACT

Child's Name _____

Welcome to our practice. Before your child begins treatment, it is important to review some common child therapy guidelines.* These guidelines have been developed to help me to treat your child. Your signature below indicates that you have reviewed these guidelines and agree to follow them.

- If legal custody is shared, both parents must consent to treatment of your child. If either custodial parent objects to your child's participation in therapy, we must end treatment.
- It is in your child's best interest for therapy to be uninterrupted. To ensure that therapy is not interrupted due to nonpayment of your child's bill (copays, fees, etc) it is our clinic's policy that whoever signs the Consent to Treatment is responsible for bill payment regardless of other circumstances (divorce decree, etc).
- I may require parents, stepparents, or co-parents to be substantially involved in treatment. We will discuss the ways in which I will need you to be involved after I have assessed your child's situation. We will work together in a collaborative manner, although there may be times that I will make specific requests of you related to your child's treatment. I will need you to follow-through with those requests as well as keep me informed of relevant events in your family's/child's life.
- The parents, stepparents, or co-parents of children in therapy often have conflicts. To best treat your child I will generally avoid taking sides in these conflicts unless it will benefit your child. Taking sides usually compromises my role as your child's therapist.
- Most things you tell me are confidential (please review the exceptions in the Consent to Treatment). Each custodial parent will have the same access to give and receive information as long as contracted obligations and policies are met.
- If necessary to protect the life of your child or another person, I have the option of disclosing information to you without your child's consent (please review our Consent to Treatment).
- If treatment ends, I have the option of having a few closing sessions with your child to properly end the treatment relationship.
- I will inform you if your child does not attend treatment sessions.
- Periodically during treatment and at the end of treatment, I will review the progress we have made towards goals and potential areas that may require intervention in the future.
- To work effectively with your child, I need you to agree that my role will be limited to providing treatment. This means that you agree to not involve me in any legal matters, including disputes about custody or custody arrangements (visitation, etc.). If there is a court-appointed evaluator, and if appropriate releases are signed and a court order is provided, I will provide general information about your child which will not include recommendations concerning custody or custody arrangements. I am ethically bound not to give my opinion about either parent's custody or visitation suitability because I was hired to provide therapy, not a custody evaluation.
- If, for any reason, I am ordered to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of \$200 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

Parent/Guardian Name & Signature Date

Parent/Guardian Name & Signature Date

Clinician Name & Signature Date