76 Bedford Street, Suite 19 Lexington, MA 02420

Adolescent Therapy Contract

IN A SHARED EFFORT TO PROTECT THE THERAPEUTIC RELATIONSHIP AND THE SAFETY OF THE ADOLESCENT CLIENT, WE AGREE TO THE FOLLOWING TERMS OF TREATMENT:

When treating teenagers ages 14 - 18, it is understood that they will be granted a level of confidentiality normally afforded to adults, provided they are not putting their own life (or that of others) in imminent danger. If I become aware of any life-threatening activities, I will first make every effort to encourage the teenager to disclose and discuss the situation with the parent/s. It is understood, however, that on rare occasions I may have to override patient confidentiality to inform parents of risk if I believe there is immediate cause for alarm.

The parents understand that many risk-taking behaviors, as well as some activities involving illegal substance use, fall within a "grey zone" and require me to make informed judgment calls about when to disclose information. By affording teenagers a high level of confidentiality, it is the hope that they will not hesitate to use me as a resource when they wouldn't otherwise appeal to a parent or other adult for help, thus insuring that a responsible adult is involved to guide them through difficult situations.

The adolescent client will always be informed of any contact between the parent/s and therapist. Parents understand that they will be involved and included in the therapy only to the extent that their child agrees. It is generally recommended, however, that parents be given periodic feedback (that does not reveal personal content), with or without their child present at the teenager's discretion. Please be aware that the law may provide parents with the right to examine a minor child's treatment records. My policy is to ask parents to agree to give up access to records, and instead be provided with general feedback at the end of treatment if so requested.

If parents are divorced or separated, it is up to the client and custodial parent to inform the non-custodial parent of treatment if legal guardianship requires.

EXAMPLES OF WHEN CONFIDENTIALITY WILL NOT BE BROKEN*:

- Sexual activity and/or use of birth control
- Pregnancy
- Recreational drug use
- School truancy
- Certain illegal infractions and/or misdemeanors

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EXAMPLES OF WHEN CONFIDENTIALITY WOULD BE BROKEN:

- Chronic involvement in unprotected sex
- Drinking and driving
- Self-inflicted injury that can be life-threatening (e.g. serious cutting, severe eating disorders)
- Chronic use of hard drugs; addictions
- Sexual abuse and other felonies

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NOTE: This list is not exhaustive and may be revised if all are in agreement.

Client	Therapist	Parent	Date

^{*} Clients will be urged to inform parents.