

# **Max Taylor, Psy.D, LLC**

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## **Informed Consent for Adolescent**

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### **Privacy of Information Shared in Counseling/Therapy: Your Rights and My Policies**

#### **What to Expect**

The purpose of meeting with a counselor or therapist is to get help with problems in your life that are bothering you or that are keeping you from being successful in important areas of your life. You may be here because you wanted to talk to a counselor or therapist about these problems. Or, you may be here because your parent, guardian, doctor or teacher had concerns about you. When we meet, we will discuss these problems. I will ask questions, listen to you and suggest a plan to try and help to improve these problems. It is important that you feel comfortable talking to me about the issues that are bothering you. Sometimes these issues will include things you don't want your parents or guardians to know about. For most people, knowing that what they say will be kept private helps them feel more comfortable and have more trust in their counselor or therapist. Privacy, is also called confidentiality, is an important and necessary part of good counseling.

#### **Confidentiality**

I will keep the information you share with me in our sessions confidential, unless I have your written and/or verbal consent to disclose certain information. However, there are some exceptions to this rule. In some situations, I am required by law or by the guidelines/ethics of my profession to disclose information whether or not I have your permission. Please review some of these exceptions below.

#### **Confidentiality Exceptions**

If during session or communication you share your plan to harm or kill yourself and I believe you have the intent and ability to carry out this threat in the very near future. I must take immediate steps to inform a parent(s) or guardian(s) of what you have told me and how serious I believe this threat to be. It is my job and my responsibility to make sure that you keep yourself safe and are protected from harming yourself.

If during session or communication you tell me that you plan to harm someone else who can be identified, and I believe you have the intent and ability to carry out this threat in the very near future. In this situation, it is my job to inform your parent(s) or guardian(s) and I must inform the person who you intend to harm.

If it becomes apparent that you are doing things that could cause serious harm to yourself or to someone else, even if it is not your true intent to do so. In this type of situation, I will have to use my professional judgment to decide whether a parent(s) or guardian(s) should be informed of this information.

You share with me that you are being physically, sexually, or emotionally abused or that you have been abused in any way in the past. In this situation, I am legally required to report the abuse to the Child Protective Service (CPS).

If you find yourself involved in a court/legal case and a request is made for information about your therapy. If I receive this type of request, I will not disclose ANY information without your written consent UNLESS the judge

requires (subpoena) me to do so. As your therapist, I will do all I can to protect your confidentiality within the law, but if I am indeed required to disclose confidential information to the court, I will inform you immediately that this will be happening.

### **Communicating with your Parent(s) and/or Guardian(s)**

Except for situations such as those mentioned above, I will not share specific things you share with me in our private therapy sessions with your parent(s) or guardian(s). This includes activities and behavior that your parent(s) or guardian(s) would not approve of — or would be upset by — but that does not put you at risk of serious and/or immediate harm of any kind. However, if your risk-taking behavior becomes more serious in nature, then I will need to use my professional judgment to decide whether you are in serious and/or immediate danger of being harmed. If I feel that you are in such danger, I will communicate this information to your parent(s) or guardian(s). Before doing so, I will communicate this plan of action with you beforehand.

For example, if you tell me that you have drunk alcohol at a few parties, I would keep this information confidential. If you tell me that you are drinking and driving or that you are a passenger in a car with a driver who is drunk, I would not keep this information confidential from your parent(s) or guardian(s) as I am professionally obligated to do so.

For example, in session you tell me that you are having protected sex with a boyfriend or girlfriend, I would keep this information confidential. However, if you tell me that, on several occasions, you have engaged in unprotected sex with people you do not know or in unsafe situations, I will not keep this information confidential. I encourage you to ask me questions about the types of information I would have to disclose or not at any time. For instance, you could ask me in the form of “hypothetical situations,” in other words: “If someone told you that they were doing (blank), would you tell their parents?”

Even if I have agreed to keep information confidential – to not tell your parent(s) or guardian(s) – I may believe that it is important for them to know what is going on in your life. In situations like these, I will encourage you to share with your parent(s) or guardian(s) and will help you find the best way to tell them independently or with me present to offer support. Additionally, sometimes when meeting parents, I may describe problems in more general terms, without using specifics, in order to help them know how to be more helpful/supportive to you.

Of note, you should be aware that, by Michigan law, parent(s) and/or guardian(s) have the right to see any written records that I keep about our therapy sessions. However, it is quite rare that a parent(s) or guardian(s) would ever request to look at these records.

### **Communicating with other Adults**

#### **School:**

I will not share any information with your school or staff unless I have your permission as well as permission from your parent(s) or guardian(s). Sometimes, I may request to speak to someone at your school or contact that via e-mail to get a better idea about how things are going for you there. Also, it may be helpful in some situations for me to give suggestions to your teacher(s) or counselor at school. If I want/need to contact your school for any reason, or if someone at your school would like to speak with me, I will discuss this with you well in advance and ask for your written permission to do so.

**Doctors:**

There might be times when your doctor and I may need to work together. For example, if you needed to take medication in addition to seeing a therapist. I would obtain your written permission and permission from your parent(s) or guardian(s) in advance to share information with your doctor. The only time I will need to share information with your doctor, even if I do not have your permission to do so, is if you are doing something that puts you at any risk for serious and immediate physical and/or medical harm.

**Adolescent Consent Form  
&  
Parent Agreement to Respect Privacy**

**Adolescent Therapy Client**

By signing below you are indicating that you have reviewed (in full) the policies described above and understand the limits to confidentiality. If you have any questions as we progress with therapy, you can ask your therapist at any time.

**Minor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian**

Please check the boxes and sign below indicating your agreement to respect your adolescent's privacy

\_\_\_ I will refrain from requesting detailed information about individual therapy sessions with my child. I understand and have been informed that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed.

\_\_\_ Although I am aware that I have the legal right to request written records and/or session notes because my child is still a minor, I agree NOT to request these records in order to respect the confidentiality of my adolescent's treatment in therapy.

\_\_\_ I understand that Dr. Max Taylor Psy.D., LLC will inform me about any situation(s) that could potentially put my child in danger. I know the decision to breach confidentiality in these circumstances is up to the therapist's professional judgment.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_