



Patient Name: _____ Date of Birth: _____ Pt ID: _____

Parent and Therapist Agreement

Therapy expectations

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 Patient-Therapist Agreement. Under HIPAA and the NASW Code of Ethics, I am legally and ethically responsible to provide you with informed consent. As we go forward, I will try to remind you of important issues as they arise.

Confidentiality

My goal as the clinician is to help create a safe, therapeutic environment for all patients that receive services. Children are no exception to the rules of confidentiality. I will share with you overall play themes and anything that I am mandated by law to share with other parties such as harm to self, harm to others, and/or abuse/neglect of a minor child. I will not provide details of sessions that could potentially put the safety of sessions and rapport at risk. You are entitled to a summary of sessions and any referrals that may be provided.

Consent to Share

Please complete a consent to share with anyone that may be participating in treatment for your child; i.e. schools, grandparents, partners that do not have legal guardianship, primary care outside of Matthews-Vu. In an effort to protect confidentiality and to honor your needs we want to make sure that if patients are being brought to appointments by someone else that we can share appropriate information with that party.

Who can consent

If there is a divorce or separation agreement wherein both parties (parents/guardians) have decision making ability then both parties must give consent for therapy. We understand that this may not have come up before for medical decision making or other areas of care for the child(ren) but in order to serve your child in the best way possible we will need a copy of the divorce/separation agreement, as well as, written consent from both parents/guardians.

Sick policy

If your child presents with signs of illness: uncontrollable cough, fever, colored discharge, sore throat, please do NOT bring them to session. You will NOT be charged a late cancellation fee if you cancel the day of the appointment. The playroom is a shared space, and we want to make sure that all patients are healthy when interacting with the toys and clinician. Also, your child will not play the same if he/she is not feeling well making it difficult to gauge progress and appropriate themes.

Clothes

Please bring your child in clothes that you are comfortable with potentially getting ruined. The playroom offers little limits as part of the therapeutic environment. There is glitter, glue, markers, paint, and water available to all children. There are no guarantees that your child will not get one of these items on their person during session.

Late arrivals

Due to the nature of the clinician’s schedule, any person that arrives 15 minutes or later for their appointment will be asked to reschedule, and you may be charged a late cancellation fee. We understand that things come up, and in order to make sure that there is enough time for the appointment we cannot accommodate late arrivals to be seen the same day.

Safety

By signing this document you agree to stay on site, in the lobby, for the entire duration of your child’s appointment. The clinician agrees to set appropriate limits when it comes to safety for your child in the playroom. You agree to not hold the clinician or Matthews-Vu Medical Group liable for any injury that may occur during the therapy session.

Restroom

To prevent any interruptions during a session please encourage your child to use the restroom before entering the playroom. If during the session a restroom break is needed the therapist will grab you from the lobby to help accompany your child.

Client Name

Client Signature

Date

Parent Name

Parent Signature

Date