



Adolescent Informed Consent

12-17 years old

What to expect:

The purpose of meeting with a Behavioral Health Provider is to get help with problems in your life that are bothering you. You may be here because you wanted to talk to someone -or- you may be here because someone else had concerns about you. When we meet, I will ask questions and listen. Then, we will work together to develop a plan for improving these problems. While opening up can be hard at times, it is important that you feel comfortable talking about the things that are bothering you.

Sometimes these issues will include things you do not 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, also called confidentiality, is an important and necessary part of good counseling.

As a general rule, the information that you share in our sessions is confidential, unless you agree for me to share certain information. There are, however, a few exceptions to this rule that are important to know. In some situations, I am required by law to share information whether or not I have your permission.

Confidentiality cannot be maintained when:

1. You tell me you plan to cause serious harm or death to yourself, and I believe you have the desire and ability to carry out this threat in the very near future. I must take steps to inform a parent or guardian of what you have told me and how serious I believe this threat to be. I may also have to inform others to keep you safe. I must make sure that you are protected from harming yourself.
2. You tell me you plan to cause serious harm or death to someone else who can be identified, and I believe you have the desire or ability to carry out this threat in the very near future. In this situation, I must inform your parent or guardian, and I must inform the person who you intend to harm. There may also be other people that I need to inform in order to keep everybody safe.
3. You are doing things that could cause serious harm to you or someone else, even if you do not *intend* to harm yourself or another person. In these situations, I will need to use my professional judgement to decide whether a parent, guardian, and/or another adult should be informed.
4. You tell me you are being abused-physically, sexually, or emotionally-or that you have been abused in the past. In this situation, I am required by the law to report the abuse to the Colorado Department of Human Services.
5. You are involved in a court case and a request is made for information about your counseling or therapy. If this happens, I will not disclose without your written agreement *unless* the court requires me to. I will do all I can within the law to protect your confidentiality, and if I am required to disclose information to the court, I will do my best to inform you that this is happening.

Communicating with your parent(s) or guardian(s):

Except for situations such as those mentioned above, I will not tell your parent or guardian specific things you share with me in our private therapy sessions. This includes activities and behavior that your parent/guardian would not approve of – or would be upset by – but that do not put you at risk of serious and immediate harm. However, if your risk-taking behavior becomes more serious, then I will need to use

my professional judgement to decide whether you are in serious and immediate danger of being harmed. If I feel that you are in such danger, I will communicate this information to your parent or guardian.

Example: If you tell me that you have tried alcohol at a few parties, I would keep this information confidential. If you tell me that you are drinking and driving, I may not keep this information confidential from your parent/guardian. If you tell me, or I believe based on things you've told me, that you have a serious addiction to alcohol, I would not keep this information confidential.

Example: You tell me that you are having protected sex with a boyfriend or girlfriend, I would keep this information confidential. If you tell me that you are regularly engaging in unprotected sex with people you do not know or in unsafe situations, I may not keep this information confidential.

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

Communicating with other adults:

School: I want to contact your school, or if someone at your school wants to contact me, I will discuss it with you and ask for your permission. A very unlikely situation may come up in which I do not have your permission but both I and your parent or guardian believe that it is very important for me to be able to share certain information with someone at your school. In this situation, I will use my professional judgement to decide whether to share any information. Sometimes I may request to speak to someone at your school to find out how things are going for you. Also, it may be helpful in some situations for me to give suggestions to your teacher or counselor at school.

Doctors: Sometimes your doctor and I may need to work together; for example, if you need to take medication in addition to seeing a counselor or therapist. I will get your permission to share information with your doctor. I may try to get your parent/guardian/s permission as well.

DHS: If you are in DHS custody, you may have different rules about confidentiality and your ability to consent/agree to your own treatment. You should ask your caseworker or guardian ad litem if you have questions about this.

Coordination of Care: Sometimes I may share your information with the other professionals in order to make sure you are getting the right care for you. This will be the minimum information necessary. For example, I may share some of your information with your medical insurance company to bill them for services. I also may share some of your information with another provider that I am referring you to so that they know why I want you to see them.

Adolescent Consent & Parent Agreement to Respect Privacy

Signing below indicates that you have reviewed the policies described above and understand the limits to confidentiality. If you have any questions as we progress with therapy, you can ask your Behavioral Health Provider at any time.

____ Yes, I would like the following parent(s)/guardian(s) involved in my treatment:

Name(s) _____

____ No, I do NOT want the following parent(s)/guardian(s) involved in my treatment:

Name(s) _____

By signing, I am stating that I understand these limits of confidentiality.

Patient's Signature

Date

Patient's Signature

Date

Patient's Signature

Date