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Informed Consent for Therapy with a Minor

Welcome. I look forward to working together. Before we begin, please take time to read the following information carefully, sign your name and feel free to ask me any questions during our sessions.

What to expect from therapy:

The purpose of meeting with a therapist is to 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 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 for improving these problems. It is important you feel comfortable talking to me about the issues that are bothering you. Sometimes, these issues will include things that you do not want your parent to know about. Hopefully, knowing that what you say will be kept private will help you feel comfortable and have more trust in me as your therapist. Privacy, also called confidentiality, is an important and necessary part of good counseling.

As a general rule, I will keep the information you share with me in our sessions confidential. There are however, important exceptions to this rule that are important for you to understand before you share personal information with me in a therapy session. In some situations I am required by law, or by the guidelines of my profession to disclose information whether or not I have your permission. The situations are:

Confidentiality & Exceptions:

Confidentiality is an essential part of the therapeutic process and is a commitment that I make to you. Consistent also with the mental health laws of Georgia, I will not release any information about you without your written consent. There are specific exceptions to the commitment of confidentiality:

- You tell me you plan to cause serious harm or death to yourself. In this situation, 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, and I must take the appropriate steps to protect you from harming yourself.
- You tell me you plan to cause serious harm or death to someone else. In this situation, I must inform your parent or guardian, and I must inform the person who you intend to harm.
- 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 use my professional judgment to decide whether a parent or guardian should be informed.
- You tell me you are being physically or sexually abused or that you have been abused in the past. In this situation, I am required by law to report the abuse to Child Protective Services.

- You tell me of a situation involving the abuse of another minor or a senior adult, in which case I am required by law to report the abuse.
- You and I determine it is appropriate to involve a third party (e.g. a doctor) in your treatment and you provide me written permission to do so.
- I feel it is professionally appropriate, with your written permission, to discuss your concerns with another professional.
- 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 information without your written agreement *unless* the court requires me to do so. 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 inform you that this is happening.

If you have any questions about these points, please ask me and we can discuss them.

Please review the Notice of Privacy Practices provided to you as part of this new client information. It describes in more detail your rights with regard to Protected Health Information. By signing this Administrative Policies sheet, you are acknowledging your receipt of the Notice of Privacy Practices.

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 judgment 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.

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 tell your parent/guardian and will help you find the best way to tell them. Also, when speaking 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.

You should also know that, by law in Georgia, your parent/guardian has the right to see any written records I keep about our sessions. It is extremely rare that a parent/guardian would ever request to look at these records, and doing so is strongly discouraged.

Cancellations:

If you cannot keep your appointment time, please give me at least 24 hours notice so that I can make the time available for others. If you cancel with less than 24 hours notice or you miss a scheduled appointment, you will be charged for that appointment. Cancellations for Monday appointments must be made by the Friday before to avoid being charged.

Please do not cancel appointments via e-mail. Voice messages are the most timely way of reaching me. E-mail cancellations may not be recognized as proper cancellations if I have not

read them prior to 24 hours before the appointment. If I receive your cancellation via e-mail within 24 hours of the scheduled appointment, you may be charged for your appointment.

If you are going to be more than 15 minutes late for your appointment, please let me know by calling **770-592-0566**. Please leave a message if you do not reach me directly. Otherwise, if you are more than 15 minutes late, I may assume you are not coming and may be unavailable. If this happens, you will still be charged for the missed appointment. Fees are not prorated if you are late.

Communication and Emergencies:

I am available by phone between therapy sessions; however, I do not provide unscheduled therapy by phone. I will make every effort to return phone calls within a 24 hour period. However, occasionally there are unavoidable delays. **In the case of an emergency (unable to manage thoughts of harming yourself/others), please call 911 immediately.**

Phone calls lasting more than 15 minutes will result in a phone consultation fee, billed at the rate of \$120/hour.

E-mail: During the course of our therapy, you may feel free to send me an e-mail to inform me or tell me something that you want me to know. Please understand that I do not conduct therapy through e-mail and will not answer/return your e-mail. I will be happy to discuss what you sent during the following therapy session.

Risks Associated with Counseling:

During the counseling process, you may experience emotional discomfort related to new and challenging issues discovered while exploring feelings and dynamics. Sometimes, one must experience feeling worse before feeling better. If, in the course of the therapy process, you begin to experience feelings of hopelessness or an acute worsening of symptoms, whether during or between sessions, please notify me immediately and we will develop a plan to manage these feelings. Together, we will consistently evaluate your progress toward your goals for therapy and follow-up with necessary alterations in the therapeutic approach.

Client Signature:

Your signature indicates that you have received the Notice of Privacy Practices and have reviewed and understand this document, have had all questions answered to your satisfaction, and agree to adhere to the policies. Please retain a copy for your records.

Client Signature

Date