



WELLSPRING COUNSELING
of the Finger Lakes

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Confidentiality with Minors

Confidentiality for minors seeking mental health treatment is kept to facilitate openness and to encourage a trusting, therapeutic relationship. Children have privacy rights and depending on the age, are similar to those of adults. One of the many roles of a psychotherapist or therapist is to help minors learn to communicate their concerns more openly and directly especially with their parents/guardians. Also, as needed, therapists can assist parents in maintaining open communication with their child/children. At **Wellspring Counseling of the Finger Lakes** to the extent possible, while still maintaining confidentiality, parents/guardians are supported in their roles and are encouraged to be involved in the therapeutic process at every stage.

When minor children are having a difficult time and express that they are having harmful thoughts or ideations- such as thoughts about self injury, problems with eating, or suicide, as examples, a safety plan is developed. The contents of a safety plan are shared with parents, guardians or other providers, as soon possible in order to highlight inner resources, support persons and emergency contact information, all intended to protect the child from harm. This "exception" to confidentiality for safety reasons is explained to child and parent both in the early of treatment and is highlighted in the paperwork provided.

In the event that the therapist deems it necessary to make a report for suspected child neglect or suspected child abuse, the appropriate authorities will be contacted. In some cases, it is not advised that parents are contacted in advance of such a notification. When a parent is included, to the extent that safety can be maintained, your child will be informed of this collaboration. In most cases, minor children welcome this collaboration with the parents or guardians as it enhances communication and expands the safety net for them.

Psychotherapy is a collaborative process. When the client is a minor child, parent involvement and cooperation is all the more important. Please feel free to ask questions or voice concerns both at the initial assessment or engagement period and during any stage of the treatment process.

Consent to Treatment of Minors

The section below is to be completed by the biological parent, custodial parent or legal guardian. Please list the name of each child who will be participating in psychotherapy with **Wellspring Counseling of the Finger Lakes**. Some custody agreements require the signatures of both parents for treatment.

I hereby consent to treatment of my child(ren) per the terms outlined in the above pages of this document and per the information provided in the *Disclosure Statement* and *Notice of Privacy Policies and Practices* provided by **Wellspring Counseling of the Finger Lakes**.

Name of Child _____ Birthdate _____

Name of Child _____ Birthdate _____

Parent / Guardian Name (please print) Parent / Guardian Signature Date

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