

Kim T. Hoffman, Ph.D.

Dormont, PA 15216

Phone: 412.719.0957

Fax: 1.877.742.6060

Website: www.DormontPsychServices.com

Email: DormontPsychServices@yahoo.com

Child Therapy Contract

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 or her treatment. Under HIPAA and the APA Ethics Code, I am legally and ethical responsible to provide you with informed consent. As we go forward, I will try to remind you of important issues as they arise, but do ask if there are questions.

It is my policy to provide you with information about your child's treatment status. I generally do a more family approach to therapy when working with children, particularly younger children. That means, you as parents/caregivers, will likely be an active participant in the treatment process. However, it can be different with older children (teenagers). It is often more effective to work with older children alone, at least at times. I may raise issues that will impact your child either inside or outside the home. It is my intention *not* to share with you what your child has disclosed to me without your child's consent, but I will tell you if your child does not attend sessions.

Therapy is most effective when a trusting relationship exists between the psychologist and the client/patient. If you or your child does not feel comfortable with me, it is likely that therapy will not be effective. Alternatively, if I feel your child needs a service I cannot provide, I may find it necessary to refer your child to a provider with more specific skills. If that happens, I will tell you, and we can discuss options. But if you ever want to change providers or a therapist *for any reason*, you are always welcome to do so. If you would like a referral to another, please feel free to ask. If you are not comfortable asking, often the back of your insurance care will provide a number to call so that you may obtain names of other local providers that take your insurance.

Once therapy has started, privacy is especially important in securing and maintaining trust. One goal of treatment is to promote a stronger and better relationship between children and parents. However, it is often necessary for children to develop a "zone of privacy" whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy.

One risk of child therapy involves disagreement among parents and/or disagreement between parents and therapist regarding the best interests of the child. If such disagreements occur, I will strive to listen carefully so that I can understand your perspectives and fully explain my perspective. We can resolve such disagreements or we can agree to disagree, so long as this enables your child's therapeutic progress. Ultimately, you will decide whether therapy will continue. If either parent/legal guardian decides that therapy should end, I will honor that decision, however I ask that you allow me the option of having a few closing sessions to appropriately end the treatment relationship.

If your child is an adolescent, it is possible that he or she will reveal **sensitive information** regarding sexual contact, alcohol and drug use, or other potentially problematic behaviors. Sometimes these behaviors are within the range of normal adolescent experimentation, but at other times they may require parental intervention. We must carefully and directly discuss your feelings and opinions regarding acceptable behavior. If I ever believe that your child is at serious risk of harming himself/herself or another, I will inform you.

LEGAL ISSUES/COURT TESTIMONY/DIVORCE:

There are times that my responsibility to your child may require my involvement in conflicts between the parents. If this is the case, I need your agreement that my involvement will be strictly limited to that which will benefit your child. This means, among other things, that you will treat anything that is said in session with me as confidential. Neither parent will attempt to gain advantage in any legal proceeding as a result of your child's therapy. In particular, I need your agreement that in any such proceedings, neither of you will ask me to testify in court, whether in person, or by affidavit. You also agree to instruct your attorneys not to subpoena me or to refer in any court filing to anything I have said or done. Please note that such agreement may not prevent a judge from requiring my testimony, although I will likely work to prevent such an event. If I am required to testify, I am ethically bound not to give my opinion about either parent's custody or visitation suitability because therapy is not a custody/forensic evaluation. If the court appoints a custody evaluator, guardian ad litem, or parenting coordinator, I will provide information as needed (if appropriate releases are signed or a court order is provided), but I will not make any recommendation about the final decision. Furthermore, if I am required to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of \$200 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

TURN OVER

Your Rights and Responsibilities

As a client in my care, you have certain rights, but also responsibilities. The statements below are intended to serve as guidelines to help you, as the client (or parent/guardian of the client), the provider/therapist and all others involved in the treatment process to work cooperatively and effectively.

As the client you (and your child) have the following rights:

- To be treated with respect and dignity.
- To expect that all issues that affect you or your child's care will be handled in a confidential manner.
- To select a behavioral health provider of your choice. If you are dissatisfied for any reason, you have the right to choose another network provider.
- To know the identity and professional status of the provider.
- To participate with your provider in the decision making process regarding your care.
- To review communications and other records pertaining to your care, including the source of payment for treatment.
- To receive information about your care in a way you understand.
- To have access to a clear complaint and appeal process and to have issues resolved in a timely manner.
- To appeal a decision regarding medical necessity made by your health care plan when you do not agree with the decision.

As the client or parent/caregiver of a client, you are responsible for:

- Carrying you (or your child's) medical insurance card.
- Providing, to the best of your knowledge, accurate and complete information about your concerns and any information relevant to your child's mental/behavioral health.
- Verbalizing if you understand the treatment process and what is expected.
- Participating, to the degree possible, in understanding their behavioral health problems and developing mutually agreed-upon treatment goals and following the plan of care as decided.
- Keep all scheduled appointments, if you are unable to do so, for any reason, notifying my office in advance. If appointments are not kept, a charge may be incurred that insurance will not cover, or services may be stopped if three (3) consecutive appointments are missed.
- Paying applicable co-payments and fees.

Abbreviated Contract Draft:

- If you decide to terminate treatment, please allow a few closing sessions to properly end the treatment relationship.
- I will inform you if your child does not attend the treatment sessions.
- By agreeing to participate in the treatment process, you recognize that you have certain rights and responsibilities.
- At the end of treatment, if requested, I will provide you with a summary that includes a general description of goals, progress made, and potential areas that may require intervention in the future.
- If necessary for the safety of your child or another person, I may need to disclose information without consent.
- You agree that my role is limited to providing treatment and that you will not involve me in any legal dispute, especially a dispute concerning custody or custody arrangements (visitation, etc.).
- You also agree to instruct your attorneys not to subpoena me or to refer in any court filing.
- If, for any reason, I am required to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of \$200 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Parent Signature

Date

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