**Informed Consent for a Minor**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to meet with the therapist named below, \_\_\_\_\_\_ time(s) per week starting on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Our meetings will last about \_\_\_\_\_\_ minutes. When we meet, we may talk, draw pictures, play games, or do other things to help this therapist get to know me better and understand my problems, strengths, and goals.

I understand that my parent (or parents) or my guardian has a right to know about how I am doing in therapy. I agree that this therapist may talk with my parent/guardian to discuss how I am doing. They may also talk about concerns and worries they may have about me. Or they may talk about things the therapist and I decide my parent/guardian needs to know about. Sometimes this therapist may meet with my parent/guardian without me. At other times we may all meet together.

The things I talk about in my meetings with the therapist are private. I understand this therapist will not tell others about the specific things I tell him or her. He or she will not repeat these things to my parent/guardian, my teachers, the police, probation officers, or agency employees. *But there are two exceptions*. First, because of the law, the therapist will tell others what I have said if I talk about seriously hurting myself or someone else. This therapist will have to tell some­one who can help protect me or the person I have talked about hurting. Second, if I am being seriously hurt by anyone, this therapist has to tell someone for my protection.

I understand that I can trust this therapist and can talk about things that I can’t talk to anyone else about. I understand that sometimes I may not feel good about some things we may talk about in our meetings. Some of the things we talk about may make me feel embarrassed, angry, or sad. But I also understand that coming to therapy should help me feel or act better and that I may learn some new and better ways of handling my feelings or problems. I may feel less worried or angry and come to feel better about myself.

Any time I have questions or am worried about the things that are happening in therapy, I know I can ask this therapist. He or she will try to explain things to me in ways that I can understand. I also know that if my parent/guardian has any questions, the therapist will try to answer them.

I understand that my parent/guardian can stop my coming to therapy if he or she thinks that is best. If I decide therapy is not helping me and I want to stop, this therapist will discuss my feelings with me and with my parent/guardian. I understand that the final decision about stopping is up to my parent/guardian.

Our signatures below mean that we have read this agreement, or have had it read to us, and agree to it.

Signature of child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

I, the therapist, have discussed the issues above with the minor client and his or her parent/guardian.

Signature of therapist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_