



Confidentiality Agreement for Adolescents

This Confidentiality Agreement is an addendum to the Psychotherapist – Patient Services Agreement in consideration of Illinois law, which allows children ages 12 and older to have the legal right to make decisions about their treatment.

Therapy needs to be a safe place for all participants. When the identified client is an adolescent, it is especially important that we develop a trusting relationship in order to address concerns that brought him or her into therapy. At the same time, parents need to know information about their child(ren) that allows them to fulfill their responsibilities as parents. As parents, you are entitled to a diagnosis, attendance information, goals, and progress. In addition, when treatment is terminated, I can provide a summary, with some veto power given to your child. I will keep all information learned from and about your child confidential unless the child agrees that it will be shared. I will encourage and assist your adolescent in sharing information with you when appropriate.

As outlined in the Treatment Agreement, I can break confidentiality (for any client) for the following reasons:

- ✓ Risk of harm to self or an identified other
- ✓ Report/suspicion of child abuse or neglect
- ✓ Report/suspicion of elder abuse or neglect

I recognize that teenagers often engage in behavior that parents consider dangerous. In order to clarify what is considered to be a risk of harm (dangerous), I would like to take a few moments to come to an agreement about which behavior(s) could be disclosed without specific consent. The following are behaviors that might come up in therapy:

- ☐ Alcohol use_____
- ☐ Driving under the influence of alcohol_____
- ☐ Drug use_____
- ☐ Eating concerns (e.g., starvation, purging)_____
- ☐ Self-mutilating behavior_____
- ☐ Sexual behavior_____
- ☐ Unprotected sex_____
- ☐ Other:_____

When these behaviors come up in therapy, I will work with your child to assess the level of dangerousness, potential implications, and appropriate interventions. Those behaviors discussed and agreed upon by all parties, **could be** disclosed without consent.

Thank you for choosing me to work with your son or daughter. Please feel free to contact me at any time to ask questions, discuss concerns and/or schedule an appointment to discuss ways you can assist your child.

Client, Date

Lisa Irgang, Psy.D., Date

Parent, Date

Parent, Date

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