

If You Are an Adolescent or His/Her Parent(s)

Please note that in British Columbia a “child” is someone under the age of 19 years.

If you are an adolescent, the purpose of meeting with a psychologist is to get 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 you wanted to talk to a psychologist about these problems. Or, 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 that you feel comfortable talking to me about the issues bothering you. Sometimes these issues will include things you don't want your parent(s)/guardian(s) to know about. For most people, knowing that what they say will be kept confidential helps them feel more comfortable and have more trust in their therapist. Confidentiality is an important and necessary part of good therapy.

As a general rule, I will keep the information you share with me in our sessions confidential, unless I have your written consent to disclose certain information. 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. Some of these situations are listed in Informed Consent to Service, Fee Schedule, and Limitations to Confidentiality form, as well as below. Other situations not specified here or in the Informed Consent form having to do with confidentiality may arise and Dr. Manley will use his professional judgement in dealing with these.

Communicating with your parent(s) or guardian(s): Except for situations such as those mentioned in the Informed Consent to Service, Fee Schedule, and Limitations to Confidentiality form, I will not tell your parent(s) or guardian(s) specific things you share with me in our private therapy sessions unless you wish me to do so. This includes activities and behaviour that your parent(s)/guardian(s) would not approve of, or would be upset by, but that do not put you at risk of serious and immediate harm. If, however, you tell me about serious risk-taking behaviour, then I will need to use my professional judgement 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(s) or guardian(s). If you are doing things that could cause harm to yourself or someone

else, even if you do not intend to harm yourself or another person, I will need to use my professional judgement to decide whether your parent(s) or guardian(s) should be informed.

Example 1: If you tell me that you have tried alcohol at a few parties, I would keep this information confidential. But if you tell me that you are drinking and driving, or that you are a passenger in a car with a driver who is drunk, I would not keep this information confidential from your parent(s)/guardian(s). If you tell me, or if I believe based on things you have told me, that you are hooked on alcohol, I would not keep this information confidential.

Example 2: If you tell me you are having protected sex with a boyfriend or girlfriend, I would keep this information confidential. If you tell me that, on several occasions, you have engaged in unprotected sex with people you do not know, or in unsafe situations, I would not keep this information confidential.

Example 3: If you have an eating disorder and are getting markedly worse, I will not keep this information from your parent(s) or guardian(s). This would also apply to situations of self-harm (even though not suicidal) such as self-cutting.

You can always ask me questions about the types of information I would disclose. You can ask me in the form of “hypothetical situations,” in other words: “If someone told you that they were doing _____, would you tell their parents?”

A very unlikely situation might come up in which I do not have your permission but both I and your parent(s) or guardian(s) believe that it is very important for me to be able to share certain information with someone at your school. In this situation, I will use my professional judgement to decide whether to share any information.

Even if I have agreed to keep information confidential - to not tell your parent(s) or guardian(s) - I may believe that it is important for them to know what is going on in your life. Your parent(s)/guardian(s) may request information or a meeting with me to get an update on how you are doing. You will need to be there whenever possible. You and I will discuss what information to relay to your parent(s) or guardian(s). I will encourage you to tell your parent(s)/guardian(s) about how you are doing, and will help you to find the best way to tell them. Also, when meeting with your parent(s), I may sometimes describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you. It is important to realize that while I respect and preserve privacy and confidentiality, I do not keep “secrets.”

Please be aware that an invoice listing treatment session dates (and any “no shows”) is forwarded to your parent(s), if they are responsible for covering the fees.

If you do not understand anything in this form, please ask and I will be happy to explain it to you.

Adolescent Consent Form & Parent Agreement to Respect Privacy

Adolescent Therapy Client:

Signing below indicates that you have reviewed the policies described above, as well as my Informed Consent to Service, Fee Schedule, and Limitations to Confidentiality form, and understand the limits to confidentiality. If you have any questions as we progress with therapy, you can ask me at any time.

Adolescent's Signature _____ Date _____

Parent(s)/Guardian(s):

Please be aware that information you convey to me in any form (including email, for example) will not be kept confidential from your child. I practice in an open, transparent manner. Also understand that your child is my client, and hence information regarding his/her treatment is kept confidential no matter who is responsible for covering the fees.

Please check below and sign indicating your agreement to respect your adolescent's privacy:

____ I will refrain from requesting detailed information about individual therapy sessions with my child. I understand that I will be provided with periodic updates, as I request, about his/her general progress, and/or may be asked to participate in therapy sessions as needed.

____ I understand that I will be informed about situations that pose a serious risk to my child. I know this decision to breach confidentiality in these circumstances is up to Dr. Manley's professional judgement and may sometimes be made in confidential consultation with a colleague.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Dr. Manley's Signature _____ Date _____