

Child/Adolescent Confidentiality For Children Less than 16 Years of Age

Parents of children younger than 16 years of age have all rights regarding the initiation and conduct of their child’s treatment at ECS. One parent or custodian must complete the ECS informed consent forms in order for the child to receive treatment. If the parents are divorced, special policies apply. (See the Divorced Parents Agreement Form) TN Law also allows for children to be seen on an emergency basis until informed consent can be obtained.

Though parents have legal privilege to access records for their child’s treatment, parents and therapists must decide the limits of confidentiality in order to provide effective therapy. There are pros and cons with lesser or greater limits of confidentiality. The more confidentiality a child has, the more your child would be free to be open with his or her therapist without fear of parent discipline or reprisal. However, potentially risky behaviors, such as, drug use, sex, or illegal activities would not be made known to you as parents. If you and your child’s therapist agree to lower limits of confidentiality, your therapist could inform you of risky behaviors, but your child may hold back on disclosure. Generally, ECS therapists would attempt to help your child disclose their risky behaviors to you directly.

ECS policy is for each therapist to work out the limits of confidentiality on a case by case basis when working with children. ECS therapists vary in their view of this issue. Families and children also differ in their needs and temperaments. We believe it is important to clarify this from the outset to minimize misunderstanding. Keep in mind also that TN Law requires therapists to break confidentiality when a client (child or adult) expresses significant lethal danger to self or others or any form of child abuse. Please talk about this important issue of confidentiality with your child’s therapist and come to agreement about the limits of confidentiality.

I have read and understand the policies above and by my initials in the blanks below indicate that I understand my child’s therapist will be free to disclose to me the following confidential information:

- _____ Attendance of Therapy Sessions
- _____ Goals of Therapy
- _____ General Progress of Therapy
- _____ Specific Issues: Drug Use, Sex, Illegal Behaviors, etc.

Child/Adolescent Name (Print): _____

Mother’s Signature: _____ Print: _____ Date: _____

or Guardian

Father’s Signature: _____ Print: _____ Date: _____

or Guardian