

**Policy Working with Minors**

I value our counseling relationship with your child. The best relationships are based on respect and understanding. It is important to understand our policies and procedures regarding counseling minors at the beginning of service so that you can make an informed decision about receiving services.

1. Individual counseling services provided are for children age 12+.

1. A parent or guardian must consent to their child’s treatment. At times, a court order to verify you are the legal parent or guardian may be necessary.

1. Initially, minors must be brought to therapy sessions by a parent or guardian. For the initial and second session, the parent or guardian must remain in the office reception area during the time your child is being seen. All subsequent sessions thereafter, the therapist reserves the right to require the parent/guardian to remain in the office for all counseling sessions.

1. A parent session is required every month. It is recommended that both parents attend. Confidentiality of the minor is respected.

1. Virginia Law allows for either parent to have access to their child’s records or information, unless there is a court order limiting access or terminating parental rights. If one parent makes a request, attempts to notify the other parent will be made.

1. As your child’s therapist, the counselor’s goal is to establish a solid therapeutic relationship with your child and to provide quality treatment and care. If in the event of parental conflict, it is counterproductive to involve the counselor in any type of legal proceedings against a parent or family member. Please initial and agree not to involve your therapist in any type of legal proceeding against a parent or family member. \_\_\_\_\_\_\_

I acknowledge that I have read and agree to all of the above provisions about seeking services for my child. I certify that I am the legal parent/guardian and have the authority to consent to services.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_