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INFORMED CONSENT FOR TREATMENT

Prior to beginning treatment, it is important for you to understand my approach to child therapy and agree to some rules about your child's confidentiality during the course of his/her treatment. Please feel welcome and encouraged to discuss any questions or concerns you may have about the information contained in this document. The information herein is in addition to the information contained in my policy statement provided during the consultation process. Under HIPAA and the APA Ethics Code, I am legally and ethically responsible to provide you with informed consent. As we go forward, I will try to remind you of important issues as they arise.

One risk of child therapy involves disagreement among parents and/or disagreement between parents and therapist regarding the best interests of the child. If such disagreements occur, I will strive to listen carefully so that I can understand your perspectives and fully explain my perspective. We can resolve such disagreements or we can agree to disagree, so long as this enables your child's therapeutic progress. Ultimately, you will decide whether therapy will continue. If either of you decides that therapy should end, I will honor that decision, however I ask that you allow me the option of having a few closing sessions to appropriately end the treatment relationship.

Therapy is most effective when a trusting relationship exists between the psychologist and the patient. Privacy is especially important in securing and maintaining that trust. One goal of treatment is to promote a stronger and better relationship between children and their parents. However, it is often necessary for children to develop a "zone of privacy" whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. By signing this agreement, you will be waiving your right of access to your child's treatment records. I will, however, provide you with general information about your child's treatment progress.

There is a natural tension between maintaining your child's confidentiality while also ensuring that you are suitably informed about your child's treatment. I will work to schedule parent-therapist meetings at a frequency we will determine in order to create a dialogue to address treatment progress and needs while also leaving opportunity to talk about parenting issues. I will not share with you specific content that your child has disclosed to me without your child's consent. I will tell you if your child does not attend sessions. If it is necessary to refer your child to another mental health professional with more specialized skills, I will talk with you about my clinical rationale for doing so and will help you with the referral. At the end of your child's treatment, I will provide an oral

summary about what issues were discussed, what progress was made, and what areas (if any) may require intervention in the future.

If your child is an adolescent, it is possible that he/she will reveal sensitive information regarding sexual behavior, alcohol and drug use, or other potentially problematic behaviors. Sometimes these behaviors are within the range of normal adolescent experimentation, but at other times they may require parental intervention. We must carefully and directly discuss your feelings and opinions regarding acceptable behavior. If I ever believe that your child is at serious risk of harming him/herself or another, I will inform you.

Although my responsibility to your child may require my involvement in conflicts between parents, I need your agreement that my involvement will be strictly limited to that which will benefit your child. This means, among other things, that you will treat anything that is said in session with me as confidential. Neither of you will attempt to gain advantage in any legal proceeding between the two of you from my involvement with your children. In particular, I need your agreement that in any such proceedings, neither of you will ask me to testify in court, whether in person, or by affidavit. You also agree to instruct your attorneys not to subpoena me or to refer in any court filing to anything I have said or done.

Note that such agreement may not prevent a judge from requiring my testimony, even though I will work to prevent such an event. If I am required to testify, I am ethically bound not to give my opinion about either parent's custody or visitation suitability. If the court appoints a custody evaluator, guardian ad litem, or parenting coordinator, I will provide information as needed (if appropriate releases are signed or a court order is provided), but I will not make any recommendation about the final decision. Furthermore, if I am required to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of \$200.00 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

****Please keep this form for your own records and return the following signature page ****

Signature Page, Informed Consent for Treatment

I have read, understood, and agree to follow the policies outlined by this Informed Consent for Treatment with Timothy R Gerbracht, Psy.D.

Minor Child's Name (Please print)

Parent or Legal Guardian Signature

Date