

**Feathergill and Associates, LLC**  
3625 Park Place West, Suite 150  
Mishawaka, IN 46545

### **Child Therapy Contract**

Prior to beginning treatment, it is important for you to understand our approach to child therapy and agree to some rules about your child's confidentiality during the course of his/her treatment. Under HIPAA and the APA Ethics Code, we are legally and ethically responsible to provide you with informed consent. Our Informed Consent Form has been provided to you and this document covers additional consent issues specific to minors in therapy. As we go forward, we will try to remind you of important issues as they arise.

It is essential that approval of both parents is obtained to provide services to children. 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, we will strive to listen carefully so that we can understand your perspectives and fully explain our 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, we will honor that decision, however we ask that you allow us 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 therapist 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.

It is our policy to provide you with general information about treatment status. We will raise issues that may impact your child either inside or outside the home. If it is necessary to refer your child to another mental health professional with more specialized skills, we will share that information with you. We will not share with you what your child has disclosed to me without your child's consent. We will tell you if your child does not attend sessions. At the end of your child's treatment, we will provide you with a treatment summary that will describe what issues were discussed, what progress was made, and what areas are likely to require intervention in the future.

If your child is an adolescent, it is possible that he/she will reveal sensitive information regarding sexual contact, 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 we ever believe that your child is at serious risk of harming him/herself or another, we will inform you.

Although our responsibility to your child may require our involvement in conflicts between the two of you, we need your agreement that our 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 us as confidential. Neither of you will attempt to gain advantage in any legal proceeding between the two of you from our involvement with your children. In particular, we 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 we have said or done.

Note that such agreement may not prevent a judge from requiring our testimony, even though we will work to prevent such an event. If we are required to testify, we are ethically bound not to give our opinion about either parent's custody or visitation suitability. If the court appoints a custody evaluator, guardian ad litem, or parenting coordinator, we will provide information as needed (if appropriate releases are signed or a court order is provided), but we will not make any recommendation about the final decision. Furthermore, if we are required to appear as a witness, the party responsible for our participation agrees to reimburse me at the rate of \$180 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

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Parent #1: Printed Name

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Parent #1: Signature

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Date

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Parent #2 Printed Name

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Parent #2: Signature

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Date

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Therapist: Printed Name

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Therapist: Signature

\_\_\_\_\_  
Date

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