

Minor Informed Consent - Required

Parent/Minor Authorization for Minor's Mental Health Treatment

I look forward to working with you and your child (whom I may refer to as "client" or "patient" at times) and want to offer you some important information about the services that you will receive. This consent form will provide a clear framework for our work together and the potential risks and benefits of these services. Please read the entire document carefully, and feel free to discuss any concerns or questions that arise with me.

Practice Information:

This is an individual therapy practice owned and operated by myself Jennifer Robertson LPCC, NCC. I hold a Licensed Professional Clinical Counseling license (LPCC) #13787 with the California Board of Behavioral Sciences and a National Certified Counselor (NCC) #1547052 with the National Board for Certified Counselors.

Risks and Benefits of Therapy:

Psychotherapy is a process in which patient and I discuss a variety of issues, events, experiences, and memories for the purpose of creating positive change in life and often resulting in the ability to live life more fully. It provides an opportunity to better and more deeply understand oneself and any problems or difficulties one may be experiencing. Participating in therapy may result in a number of benefits to the patient, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence.

There is also no guarantee that therapy will yield any or all of the benefits listed above. Progress and success may vary depending upon the particular problems or issues being addressed, as well as the patient's participation. Psychotherapy is a joint effort between the patient and the therapist. Benefits often require substantial effort on the patient's part, including active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts, and behaviors.

Personal growth and change may be easy and swift at times, but sometimes may also be slow and frustrating. There may be times when I will challenge perceptions and assumptions and offer different perspectives. Participating in therapy may involve some discomfort, including remembering and discussing unpleasant events, feelings, and experiences. Therapy often includes focusing on and talking about unpleasant or painful issues. The process may evoke strong feelings of sadness, anger, fear, etc. It is not uncommon for some clients in therapy to briefly feel worse before feeling better, especially when working through past trauma.

The positive changes made as a result of therapy may also have unintended outcomes, including changes in personal relationships. For example, if the patient wants to work on improving boundaries, this is likely to upset people who are used to ignoring their boundaries. The patient should be aware that any decision on the status of your relationships is their responsibility.

Please know that a lack of success with one therapist does not mean the patient will not be successful with a different therapist; the relationship between counselor and patient is a key component of the outcome. Some therapist/patient “fits” are better than others. Therefore, the patient may get significantly different results with two different therapists. I will not accept a patient I do not believe I can help, but if we find that the patient is not making the progress we want, I will help you find another therapist who may be a better fit for you. Should you or your child have concerns about progress, please addresses them with me.

Appointments:

Sessions are typically scheduled once per week and are 50 minutes long. I may suggest a different frequency of therapy sessions depending on the nature and severity of the patient’s concerns.

Your appointment time is reserved for your child. Cancellations and requests for rescheduled appointments must be made 24 hours in advance; otherwise, you are responsible for the full session fee. Cancellation notices and reschedule requests must be left via text (310-400-6531), sent through email (jr@jenniferrobertson.com) or message through the Simple Practice app/website. I will make every effort to reschedule your child during the same week, but I cannot guarantee that this will always be possible. Regular attendance is recommended to ensure continuity of services and to enhance the effectiveness of the therapy.

I will notify you/your child of any intended vacation leave at least two weeks in advance. However, I reserve the right to cancel a session without two weeks’ notice in emergency cases. I will provide as much advanced notice as possible and will have another qualified therapist able to meet with your child when I am away.

If I am incapacitated or have died, I have a professional will. Another therapist will contact you/your child with this news and provide my recommended referrals.

Professional Fees and Payments:

My customary fee is \$160 per 50-minute individual therapy session. We will discuss and establish our fee at the outset of treatment, and any fee change will be communicated in good faith. Payment is expected and processed at the time of each session.

Should you wish to bill your insurance company for reimbursement, I will provide you with a superbill/billing statement for that purpose at the end of the month if you request. Please be aware that insurance companies require a diagnosis for payment and that they can request access to your child’s medical records at any time. I will be happy to discuss this matter with you should you be interested.

Fees are re-evaluated on an annual basis for the business at a minimum. Should there be a fee increase, you will be given a 60-day notice and/or it will be communicated in your Good Faith Estimate of charges.

Credit card payments are automatically processed through Simple Practice. In general, it is important to discuss with me any issues that arise in connection with our financial arrangements so that they do not hinder the working relationship.

Telephone Accessibility:

I am not usually immediately available by telephone and will neither answer calls nor return calls before 9 am or after 6 pm. I do monitor my messages and will make an effort to return your call within 24 to 48 hours, with the exception of holidays. If you are difficult to reach, please leave some times when you will be available.

I am unable to provide 24-hour crisis service. Should you have a clinical emergency that requires immediate attention or action, please call the numbers below or call 911 or go to the nearest emergency room.

Los Angeles Specific Crisis Numbers:

Didi Hirsch Suicide Prevention Hotline: 877-727-4747

Access Center/Psychiatric Mobile Response Unit (PMRT): 1-800-854-7771

Crisis Text line: Text "LA" or "HOME" to 741741

Substance Abuse Service Helpline: 844-804-7500

211 LA County: Dial 211 within Los Angeles County

California:

California Warm Peer Line: 855-845-7415

National Specific Crisis Numbers:

Trevor Project Lifeline: 1-866-488-7386

National Suicide Prevention Lifeline: 1-800-273-8255

Trans Lifeline: 1-877-565-8860

North West Network of Bi, Trans, Lesbian, and Gay Survivors of Abuse: 206-568-7777

National Domestic Violence Hotline: 1-800-799-7233

I do not charge for telephone consultations that are less than 15 minutes. If the nature of the call cannot be resolved within this time, I will make an effort to offer a paid session to discuss the issue further. Phone consultations longer than 15 minutes will be pro-rated based on your hourly fee. Should it become apparent that additional sessions are indicated, you and I will talk about increasing the number of weekly sessions or discuss whether or not a referral to a service that provides more assistance is needed.

Communication by Email, Text, and Other Non-Secure Means:

These forms of communication are encouraged only for scheduling purposes. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with me, there is a chance that a third party may be able to intercept and eavesdrop on those messages.

If you are concerned about that possibility, please consider the option to encrypt our emails. For example, if you use Gmail, you are able to send password-protected emails unlocked with an SMS passcode when entering the recipients' mobile number.

For secure means of communication, you can call or leave a voice message at 310-400-6531 or send a message through the client portal found at: https://secure.simplepractice.com/users/sign_in

I am not usually immediately available for communication and do not answer before 9 am or after 6 pm. I monitor my email and texts frequently and will make every effort to return your message within 24 to 48 hours, with the exception of holidays.

Technology-Assisted Counseling (TAC):

As part of my private practice, patients and I may engage in telehealth services during any or all of our work together, including phone or video sessions and general contacts. At the beginning of every TAC session, I am legally obligated to verify your identity and address of your present location so I ask the patient add their name and address of current location into the chat as we begin session. The patient's location is needed in case of emergency.

I use secure HIPAA-compliant software for video sessions, but it's important to know that there are always risks to using this technology. This includes, but is not limited to the possibility, despite reasonable efforts on the part of my counselor, that: the transmission of patient's information could be disrupted or distorted by technical failures; the transmission of patient's information could be interrupted by unauthorized persons, and the electronic storage of patient's medical information could be accessed by unauthorized persons.

There is also the risk of being overheard. The patient's responsibility is to create an environment on their end that is not subject to the unexpected or unauthorized intrusion of your personal information. The patient is also responsible for information security on your computer.

You and your child may under no circumstance tape or record sessions or phone contacts without my written acknowledgment or written permission. Furthermore, no session or portion of a session may be posted or used on any social media or network under any circumstance.

As defined in the state's Standards of Practice for Telehealth (Section 2290.5 of the code) I am required to 'verbally obtain from the client and document the client's full name and address of present location, at the beginning of each telehealth session.' Please add that information into our chat at the beginning of session.

In a lot of ways Telehealth allows us to connect more easily without needing to be within traveling distance from my physical office. Please keep in mind that in most states I am required to have a current license in the state where the client is located at the time of the session. This might limit our ability to meet when your child is traveling outside the states as I am currently licensed in California.

Social Media Policy:

I do not knowingly accept friend requests and do not knowingly follow or accept contacts from current or former patients on any social networking site or blog. Accepting these requests can compromise your confidentiality and privacy. It may also blur the boundaries of the therapeutic relationship.

Casual viewing of a patient's online content outside of the therapy hour can create confusion regarding information shared by patients online and in sessions. It is also vital that patients decide what information they are ready to share with their therapist. If there are things from the patient's online life that they wish to share with me, please bring them into the therapy sessions.

It is not a part of my practice to search for patients online unless in extremely rare times of crisis. If I have a reason to suspect that the patient is in danger and have not been in touch via usual means (coming to appointments, phone, email, or I am unable to reach your emergency contact on file) there might be an instance in which using a search engine (to find the patient, find someone close to the patient, or to check on recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations, and if I ever resort to such means, I will fully document it and discuss it with you and your child in the next therapy session.

You may find my practice on sites such as Psychology Today, Google Business, Facebook, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Due to confidentiality, I cannot respond to any review on these sites. If you choose to write something on a business review site, you may be sharing revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection.

Termination of Therapy:

The length of treatment and the timing of the end of treatment depends on the specifics of the patient's goals and the progress they achieve. We will discuss a plan to end therapy as the patient nears the completion of your goals.

I reserve the right to terminate therapy at my discretion. Reasons for termination include but are not limited to the untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, a patient is not benefiting from treatment, or a patient's needs are outside of my scope of competence or practice.

The patient also has the right to terminate therapy at their discretion, without any obligation, except for fees already incurred. Upon either party's decision to discontinue therapy, I will generally recommend that the patient participates in at least one termination session. These sessions are intended to facilitate

a positive termination experience and allow both parties the opportunity to reflect on the work that has been done.

I will initiate closing a patient's file after 90 days of inactivity. Activity includes therapy sessions or communication through phone, text, or email.

Record Keeping:

I may take notes during sessions and will also produce other notes and records regarding treatment. These notes constitute my clinical and business records, which I am required to maintain by law. I will not alter my normal record-keeping process at any parent or patient's request. Requests for a copy of your records must be made in writing. I reserve the right, under California law, to provide you with a treatment summary in lieu of actual records.

I also reserve the right to refuse to produce a copy of the records under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. I will maintain records for seven years following termination of therapy. However, after seven years, records will be destroyed in a manner that preserves confidentiality.

Please note that I store records electronically on a secure cloud service and web-based health record system. The service is HIPAA compliant and has many forms of password protection.

Partnership:

You have the right to expect that I will maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with you and/or your child, which would significantly compromise our work together. Entering into anything other than a therapeutic relationship with a patient is strictly prohibited by the ethical codes I practice under. We will not have any other roles in each other's lives outside of the patient/counselor roles. This boundary continues even after therapy has ended.

Therapy involves a partnership between you, your child and me. As your therapist, I will contribute knowledge, skills, and a willingness to do my best. The determination of success, however, will ultimately depend upon your child's commitment to their own personal growth and care.

Complaints:

If you and/or your child are unsatisfied or have an issue with anything in treatment, please address their issue with me as soon as you can. I am always happy to discuss ways to better treatment, and discussing issues openly can help establish a better therapeutic relationship. I am also open to helping you and your child find a therapy referral or other alternatives to counseling if therapy is not right for them.

If you and/or your child are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to The Board of Behavioral Sciences. The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of

professional clinical counselors. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

Parent Collaboration:

In order to authorize mental health treatment for your child, you must have either sole or joint legal custody of your child. If you are separated or divorced from the other parent of your child, please notify me immediately. Please provide me with a copy of the most recent custody decree that establishes custody rights of you and the other parent or otherwise demonstrates that you have the right to authorize treatment for your child.

If you are separated or divorced from the child's other parent, please be aware that it is my policy to notify the other parent that I am meeting with your child. I believe it is important that all parents have the right to know, unless there are truly exceptional circumstances, that their child is receiving mental health evaluation or treatment.

One risk of child therapy involves disagreement among parents and/or disagreement between parents and the therapist regarding the child's treatment. 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, parents decide whether therapy will continue. If either parent decides that therapy should end, I will honor that decision, unless there are extraordinary circumstances. However, in most cases, I will ask that you allow me the option of having a few closing sessions with your child to appropriately end the treatment relationship.

Individual Parent/Guardian Communications with Me:

In the course of my treatment of your child, I may meet with the child's parents/guardians either separately or together. Please be aware, however, that, at all times, my patient is your child – not the parents/guardians nor any siblings or other family members of the child.

If I meet with you or other family members in the course of your child's treatment, I will make notes of that meeting in your child's treatment records. Please be aware that those notes will be available to any person or entity that has legal access to your child's treatment record.

Confidentiality/Mandatory Disclosures of Treatment Information:

In some situations, I am required by law or by the guidelines of my profession to disclose information, whether or not I have your or your child's permission. I have listed some of these situations below.

Confidentiality cannot be maintained when:

- Child patients tell me they plan to cause serious harm or death to themselves, and I believe they have the intent and ability to carry out this threat in the very near future. I must take steps to inform a parent or guardian or others of what the child has told me and how serious I believe this threat to be and to try to prevent the occurrence of such harm.

- Child patients tell me they plan to cause serious harm or death to someone else, and I believe they have the intent and ability to carry out this threat in the very near future. In this situation, I must inform a parent or guardian or others, and I may be required to inform the person who is the target of the threatened harm [and the police].
- Child patients are doing things that could cause serious harm to them or someone else, even if they do not intend to harm themselves or another person. In these situations, I will need to use my professional judgment to decide whether a parent or guardian should be informed.
- Child patients tell me, or I otherwise learn that, it appears that a child is being neglected or abused—physically, sexually or emotionally—or that it appears that they have been neglected or abused in the past. In this situation, I am [may be] required by law to report the alleged abuse to the appropriate state child-protective agency.
- I am ordered by a court to disclose information.

Disclosure of Minor's Treatment Information to Parents

Therapy is most effective when a trusting relationship exists between the therapist and the patient. Privacy is especially important in earning and keeping that trust. As a result, it is important for children to have a "zone of privacy" where children feel free to discuss personal matters without fear that their thoughts and feelings will be immediately communicated to their parents. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy.

It is my policy to provide you with general information about your child's treatment, but NOT to share specific information your child has disclosed to me without your child's agreement. This includes activities and behavior that you would not approve of — or might be upset by — but that do not put your child at risk of serious and immediate harm. However, if your child's risk-taking behavior becomes more serious, then I will need to use my professional judgment to decide whether your child is in serious and immediate danger of harm. If I feel that your child is in such danger, I will communicate this information to you.

Example: If your child tells me that he/she has tried alcohol at a few parties, I would keep this information confidential. If your child tells me that he/she is drinking and driving or is a passenger in a car with a driver who is drunk, I would not keep this information confidential from you. If your child tells me, or if I believe based on things I learn about your child, that your child is addicted to drugs or alcohol, I would not keep that information confidential.

Example: If your child tells me that he/she is having voluntary, protected sex with a peer, I would keep this information confidential. If your child tells me that, on several occasions, the child has engaged in unprotected sex with strangers or in unsafe situations, I will not keep this information confidential.

You can always ask me questions about the types of information I would disclose. You can ask in the form of "hypothetical situations," such as: "If a child told you that they were doing _____, would you tell the parents?"

Even when we have agreed to keep your child's treatment information confidential from you, I may believe that it is important for you to know about a particular situation that is going on in your child's life. In these situations, I will encourage your child to tell you, and I will help your child find the best way to do so. Also, when meeting with you, I may sometimes describe your child's problems in general terms, without using specifics, in order to help you know how to be more helpful to your child.

Disclosure of Minor's Treatment Records to Parents:

Although the laws of California may give parents the right to see any written records I keep about your child's treatment, by signing this agreement, you are agreeing that your child or teen should have a "zone of privacy" in their sessions with me, and you agree not to request access to your child's written treatment records.

Parent/Guardian Agreement Not to Use Minor's Therapy Information/Records in Custody Litigation:

When a family is in conflict, particularly conflict due to parental separation or divorce, it is very difficult for everyone, particularly for children. Although my responsibility to your child may require my helping to address conflicts between the child's parents, my role will be strictly limited to providing treatment to your child. You agree that in any child custody/visitation proceedings, neither of you will seek to subpoena my records or ask me to testify in court, whether in person or by affidavit, or to provide letters or documentation expressing my opinion about parental fitness or custody/visitation arrangements.

Please note that your agreement may not prevent a judge from requiring my testimony, even though I will not do so unless legally compelled. If I am required to testify, I am ethically bound not to give my opinion about either parent's custody, visitation suitability, or fitness. 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(s). Furthermore, if I am required to appear as a witness or to otherwise perform work related to any legal matter, the party responsible for my participation agrees to reimburse me at the rate of \$200 per hour for time spent traveling, speaking with attorneys, reviewing and preparing documents, testifying, being in attendance, and any other case-related costs.

Thank you for reading all of the Informed Consent document. Your signature below indicates that you have read and understood this information, and agree to abide by its terms during our professional relationship. You have the right to withhold or withdraw consent at any time. You understand that if you have any questions regarding this notice, you can contact Jennifer Robertson LPCC at jr@jenniferrobertson.com or 310-400-6531.

Minor Patient: By signing below, you show that you have read and understood the policies described above. If you have any questions as we progress with therapy, you can ask me at any time.

Parent/Guardian of Minor Patient:

Please sign below, indicating your agreement to respect your child'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 about general progress, and/or may be asked to participate in therapy sessions as needed.

Although I may have the legal right to request written records/session notes since my child is a minor, I agree NOT to request these records in order to respect the confidentiality of my child's/adolescent's treatment.

I understand that I will be informed about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the therapist's professional judgment, unless otherwise noted above.