



Arlene C. Gerson, PhD  
Licensed Psychologist  
Stephens Forest Professional Center  
9650 Santiago Road, Suite 3  
Columbia, Maryland 21045

---

## ADOLESCENT CONSENT

---

### **Your Rights and My Policies about Confidentiality**

#### What to expect:

The purpose of meeting with a counselor or therapist is to get help with problems in your life that are bothering you or that are keeping you from being successful in important areas of your life. I will ask questions, listen to you and together we will come up with a plan for improving things.

It is important that you feel comfortable talking to me about the things that are bothering you. Sometimes you may want to include things you don't want your parents or guardians to know about. You can ask me questions about the types of information I would disclose in the form of "**hypothetical situations**". For example you could say, "If someone told you that they were doing \_\_\_\_\_, would you tell their parents?"

Privacy, also called confidentiality, is an important and necessary part of good counseling. As a general rule, I will keep the information you share with me confidential. There are, however, a few important exceptions.

#### Confidentiality can NOT be maintained when:

\*\*\*You tell me you **plan to cause serious harm or death to yourself**, and I believe you have the intent and ability to carry out this threat. In this situation I must take steps to inform a parent of what you have told me and how serious I believe this plan to be. I must do everything I can do to prevent you from harming yourself.

\*\*\*You tell me you **plan to cause serious harm or death to someone else**, and I believe you have the intent and ability to carry out this threat. In this situation I must inform your parent and I must inform the person who you intend to harm.

\*\*\*You are **doing things that could cause serious harm to you or someone else**, even if you do not intend to harm yourself or another person.

\*\*\*You tell me **you are being abused-physically, sexually or emotionally-or that you have been abused in the past**. In this situation, I am required by law to report the abuse to the Maryland Department of Social Services.

#### Communicating with your parent(s):

Except for situations such as those mentioned above I will not tell your parent specific things you share with me. This includes activities and behavior that your parents might not approve of-or might be upset by-but that do not put you at risk of harm. When meeting with your parents, except in the situations such as those mentioned above, I will discuss your treatment progress in general terms and let them know what I think they can do to help you with your therapy goals.

Example #1: If you tell me that you have tried alcohol I would keep this information confidential. If you tell me that you are drinking and driving or that you are a passenger in a car with a driver who is buzzed, tipsy or drunk, I would not keep this information confidential. If you tell me, or if I believe based on things you've told me, that you are addicted to alcohol, I would not keep this information confidential.

Example #2: If you tell me that you are having protected sex with a boyfriend or girlfriend, I would keep this information confidential. If you tell me that you have engaged in unprotected sex with people you do not know or in unsafe situations, I would not keep this information confidential.

#### Letting your parents know what they can do to help:

It is important for your parents to know what is going on in your life so that they can help make things better. Therefore I will strongly encourage you to communicate with your parents about the important things going on in your life and will help you learn better ways of communicating with them.

#### Your medical record:

You should also know that, by law your parent has the right to see any written records I keep about your treatment. By signing this form your parents can agree to not request your treatment records and instead opt for periodic updates from me that do not divulge information you tell me in confidence.

**Adolescent Consent Form  
&  
Parent Agreement to Respect Privacy**

**Adolescent therapy client:**

Signing below indicates that you have reviewed the policies described in the Adolescent Consent and understand the limits to confidentiality. If you have any questions as we progress with therapy, you can ask me questions at any time.

Minor's printed name: \_\_\_\_\_

Minor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian:**

Initial each statement below indicating your agreement to respect your adolescent's privacy:

\_\_\_\_\_ I will refrain from requesting detailed information about individual therapy sessions. I understand that I will be provided with periodic updates about my child's progress, and may be asked to participate in therapy sessions as needed.

\_\_\_\_\_ Although I know I have the legal right to request written records and session notes I agree NOT to request these records in order to respect the confidentiality of my child'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 judgement and may sometimes be made in confidential consultation with a consultant of Dr. Gerson's choice.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_

Arlene C. Gerson, Ph.D