



## Lauren Gordon, LCSW

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### Acknowledgement of Therapeutic Responsibility

In an effort to maintain full transparency with the client (child) and parents, please initial the following and sign below.

\_\_\_\_\_ I understand Lauren Gordon, LCSW may not disclose any information discussed in session with my child unless the child presents as a danger to self or others. Any information provided will be with the child's permission. I understand this is to build rapport and confidence between the client and therapist.

\_\_\_\_\_ I understand unless invited into the therapy session by Lauren Gordon, LCSW, I will not be permitted inside the therapy session with my child.

\_\_\_\_\_ I understand if at any time I feel my child and or I would benefit from a joint counseling session, I may request that from Lauren Gordon, LCSW.

\_\_\_\_\_ I understand any parent may be asked to participate in a joint and/or individual session if Lauren Gordon, LCSW believes it to be therapeutically appropriate.

\_\_\_\_\_ I understand Lauren Gordon, LCSW may choose to refer my child to another therapist if she is unable to effectively provide treatment. If this happens, I give permission for the two therapists to discuss my child for the best treatment outcome.

\_\_\_\_\_ I understand Lauren Gordon, LCSW may terminate a session at any time if the session is deemed unproductive, if the child presents as defiant, and/or unwilling to participate during the designated session time frames. I further acknowledge I will be responsible for the full price of the session regardless of time spent in session.

\_\_\_\_\_ I understand a behavior contract or safety contract may be put into place and shared with the family.

\_\_\_\_\_ I understand as the parent, I may be asked to uphold certain boundaries within my home to assist in the counseling process. I agree to implement this in my home or provide Lauren Gordon, LCSW with alternative suggestions based on the dynamics of my home environment.

\_\_\_\_\_ I understand this information will be provided to my child either during session or at any subsequent time Lauren Gordon, LCSW determines appropriate.

I acknowledge I have reviewed these terms and understand what I am signing.

\_\_\_\_\_  
Client or Responsible Party if client is under 18

\_\_\_\_\_  
Date