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Consent to Treat Minor

Ideally, I am required to have a signature from both parents or legal guardians. *However, SB 543 (Leno) Minors: Consent to Mental Health Treatment, allows a minor who is 12 years of age or older to consent to mental health services if, in the opinion of the attending professional person, the minor is mature enough to participate intelligently in the mental health treatment or counseling services. The Board opted to take no position on this legislation at its meeting on May 6, 2010.*

I am also required to have a copy of your current custody agreement on file if you are legally divorced or separated from your child's other parent. Please bring it to the first session.

Should there be any litigation regarding your child in treatment, I require that confidentiality be respected and that I be immune from subpoena. The same requirement applies to treatment records. The purpose of this policy is to protect your child's emotional safety by not betraying him or her when s/he has been told that his/her statements in therapy are private and confidential. Any matter brought to my attention by either parent regarding the child may be revealed to the other parent. Because parents are not my client (when doing treatment for minor children), parents are not entitled to patient - psychotherapist privilege. In the event of a subpoena for my records I will invoke privilege on behalf of my child client. The same privilege does not apply to parents since parents are not considered to be my clients unless I am providing family therapy. Parents are therefore not protected by confidentiality or patient - psychotherapy privilege.

This psychotherapy will not yield recommendations about custody. Such recommendation can only be offered after a thorough custody evaluation. The purpose of treatment is incompatible with such an evaluation. Treatment and evaluation are separate services. Evaluation does not include confidentiality. Information is being gathered for a third party with a focus on answering specific questions to help the courts make an informed decision about custody or placement.

I may be asking you for consents to share or receive information from teachers, day care providers, doctors, etc. who might have experiences to share that will benefit treatment. No information is shared or received without both of the parents' and child's prior knowledge.

Effective therapy begins with the establishment and maintenance of a safe and protected place for the child to express, question, or act out whatever is troubling her/him. The establishment and maintenance of that emotional and physical safety

rests on the child's guarantee of privacy and confidentiality. The only exception to this is the legal requirement that I report abuse.

The focus of treatment is healing and recovery. The only needs considered are those of the child. The treatment plan is tailored to the specific needs of the child. This promotes the child's sense of therapy as a special and private place designed for the well being of the client.

While I discuss your daughter's/son's progress and treatment plan, I do not share specific statements made by the child or specific behaviors acted out by him/her. It is understood that if treatment is being requested, both parents, whether separated or living together, will receive the same information about their son/daughter. *Consent is required from both parents. To treat a child without dual parental consent places the youngster in an alliance with the parent who brings her/him to therapy. This is very stressful for the child. She/he is burdened with the necessity of keeping secret from the other parent. Ethical standards prohibit a child therapist from triangulating a child.*

Lastly, you may wait in the waiting room for you child or run a neighborhood errand during your child's session,. However, you must be timely in picking your child up after her/his session. I cannot wait with your child for your return. Leaving young children in the waiting room alone is often both uncomfortable and frightening which are both detrimental to our work in counseling.

I generally require the consent of both parents prior to providing any services to a minor child. If any question exists regarding the authority of a parent or caregiver to give consent for psychotherapy, I will require copies of supporting legal documentation, such as a custody order, prior to the commencement of services.

I _____ as parent/guardian of
_____ (child's name)

authorize and request JUSTINE MELISANDE POLEVOY, MFT #36954 to carry out psychological examinations, diagnostic procedures, and/or treatments that are advisable now or during the course of his/her care as a patient. I understand that the purpose of any procedure will be explained to me and be subject to my agreement. I have read and fully understand this Consent for Treatment Form.

Date _____ Minor's Signature _____

Date _____ Parent/Guardian Signature _____

Date _____ Parent/Guardian Signature _____