Teresa Heesacker Counseling
Teresa Heesacker, MA, CSD, LPC, LMFT, RPT
1308 E. First Street, Newberg, OR 97132
503-610-3499
teresa@heesackercounseling.com
www.heesackercounseling.com

Informed Consent Addendum:
Parent Agreement for Child / Adolescent Treatment
Following Separation or Divorce

Regarding: _____

DOB / Age: _____

Counseling can be an important resource for children learning to cope with separation, divorce and changes in living situations. Research and professional experience have shown that children who have a safe and neutral setting in which to discuss their feelings are better able to adjust to the effects of separation, divorce and changes in living situations.

In order for counseling to succeed, it is important for you to understand how treatment works and to agree to the following terms and conditions. Please read this information carefully and ask me any questions about it before your child starts treatment.

1. Treatment will focus on your child and his/her adjustment to changing family conditions.

2. Counseling will pay special attention to the well-being of your child. Parent involvement is also essential. It is important that both parents are involved and that I have regular opportunities to talk with both parents in order to understand any concerns that may surface about your child.

3. I will not be providing mediation, marital therapy, or adult treatment. If you would like a referral for one of these services, please let me know.

4. Please protect your child from conflict related to the separation, divorce or change in living situation. It is important that arguing is not done in front of your child and that they are not involved in adult conflicts. It is also important that the counseling session remain free of any conflict between parents. Whenever possible, support and do not undermine your child's relationship with the other parent.

5. My job is to remain neutral. I will not take sides in any disputes between parents. Please do not ask or expect me to take sides. I do not make recommendations for custody.

6. If you are involved or anticipate being involved in legal or court proceedings, please notify me as soon as possible. It is important for me to know how, if at all, your involvement in these proceedings might affect our work together. In the event you are entering treatment because you have been asked to obtain a psychological evaluation, it is important for you to know the difference between treatment and an evaluation. It is important to understand that treatment is not a substitute for an evaluation or an appropriate method to obtain evaluative results. If you need an evaluation, I will be happy to assist you in finding a provider that offers this service.

7. It is also important for you to know that I will not be a party to any legal proceedings against or in support of either parent. My goal is to support your child to achieve therapy goals – not address legal issues that may require an adversarial approach. Parents requesting treatment for their children are agreeing to not involve me in legal/court proceedings and will not attempt to obtain records of treatment for legal/court proceedings. This prevents misuse of your child's treatment for legal objectives.

8. I keep records about your child's treatment. My treatment records also include child-focused information supplied by each parent. I do not keep secrets so please recognize that any information you disclose to me will be included in your child's treatment record. This treatment record will be accessible to both parents and to other authorized parties.

9. Although your child's treatment is a confidential and privileged relationship, if I become concerned that your child's health or safety is in jeopardy, or if I learn that your child has suffered mistreatment, in some situations I will make a report to the appropriate authorities.

I have read or have had this information read to me. I have had an opportunity to ask questions.

I agree to these terms and conditions.

_____

Parent / Caregiver Print and Sign Date

_____

Parent / Caregiver Print and Sign Date

_____

Parent / Caregiver Print and Sign Date

_____

Parent / Caregiver Print and Sign Date

_____

Teresa Heesacker, MA, CSD, LPC, LMFT, RPT Date