

HEARTFELT HEALING, LLC,

2201 Kipling Street, Ste. 204, Lakewood, CO 80215

Parental Confidentiality Agreement Regarding a Minor Child

Re:

Although legally, as the parents of _____, we have the right to all information pertaining to our child and his care, we hereby waive that right in the best interest of our child. We understand that in order for our child to establish a trusting therapeutic relationship with his therapist, he will need some reassurance that the information he discloses will be kept private. We agree that the therapist will have complete discretion as to what information she shares and which she elects to keep confidential (other than mandatory disclosures required by law, pertaining to danger to self and others).

Some areas of teenage health that we may talk about during the appointment may include:

- diet, exercise and body image
- fighting, danger and violence
- sexuality and sexual behavior
- safety and driving
- smoking, drugs and alcohol
- working/jobs
- depression, anxiety and stress
- peer pressure
- school
- relationships
- family life

We understand that the therapist will encourage our child to communicate his concerns with us himself when and if he feels comfortable doing so. However, we understand that there will be some things that our child may prefer to keep private with the therapist.

_____ Mother _____ signature _____ date

_____ Father _____ signature _____ date

Barbara S. (Tia) Amdurer, MA, LPC _____ signature _____ date