

STARFISH EXPERIENCE INC.
Sheila F. Kaminski LCSW
Psychotherapy and Counseling
99 Kinderkamack Road, Suite 308
Westwood, NJ 07675

Child Informed Consent for Psychotherapy

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person, Client and Therapist. You have certain rights that are important for you to know; because this is your child's therapy, the goal of which is his/her well-being. There are also certain limitations to those rights that you should be aware of. They are as follows:

CONFIDENTIALITY

The parents understand that information about psychotherapy is almost always kept confidential by me, and is not revealed to others besides the parents, unless a parent authorizes such release. There are a few exceptions as noted in the HIPAA Notice of Privacy Practices:

1. If I have a good reason to believe that the child will harm another person, I must attempt to inform that person and warn them of the child's intentions. I must also contact the police and ask them to protect the intended victim.
2. If I have a good reason to believe that the parent or someone else is abusing or neglecting a child or vulnerable adult, I must inform the Department of Youth and Family Services within 48 hours or Adult Protective Services immediately.
3. If I believe that the child is in imminent danger of harming him/herself, I may legally break confidentiality and call the police or Psychiatric Screening Program. I am not obligated to do this and would explore all options with you before I took this action.

RECORD-KEEPING

I keep brief notes of each session noting the dates we meet, the topics we cover, progress made, my interventions, and impressions, and recommended next steps.

DIAGNOSIS

If a third party such as an insurance company is paying for part of your bill, I am normally required to give a diagnosis to that third party in order to be paid. Diagnoses are technical terms that describe the nature of the child's problems and something about whether they are short-term or long-term problems.

OTHER RIGHTS

The child's concerns will be discussed with the therapist in initial, individual sessions with each parent, prior to the start of child therapy. Art therapy may be utilized, in conjunction with writing and talk therapy.

You have the right to ask questions about anything that happens in therapy. I am always willing to discuss how and why I have decided to use a particular method.

The parents understand that it is usually best *not* to ask for specific information about what was said in therapy sessions because this may break the trust between the child and me, especially for children over the age of 12. I will discuss issues with the parents, as needed, to assist in the child's treatment. The parents are also free to contact me, if he or she feels that there are concerns that would be helpful in treating the child.

Child Informed Consent for Psychotherapy (Continued)

The child is free to leave therapy at any time, although finding a way to give me advance notice; will be helpful so that I can help you end the treatment and coordinate plans.

Because I have a limited practice, I do not have 24-hour emergency or "on call" coverage. If you experience a psychiatric emergency, you should call 911, Psychiatric Emergency Screening Practice (201-262-HELP) or go to your nearest emergency room.

FEES

I am a provider of most insurance companies. Deductibles and copays are established according to your policy. You are responsible for all deductibles and copays. You can pay by check, cash, or credit card. If you need an invoice, one will be provided to you once a month upon request.

DIGITAL TECHNOLOGY

I understand that my child's therapist at Starfish Experience may utilize technology-assisted -media via telephone/smartphone and or video to support and/or provide clinical services for my child's benefit. All electronic information and communication technologies adhere to previously mentioned mandates of Confidentiality addressed elsewhere in this document.

INFORMATION ABOUT STARFISH THERAPISTS

All therapists in this practice hold Masters Degrees and are licensed by the State of New Jersey. Each therapist's license is available for your inspection and you are free to ask your therapist's Education and preferred Therapy Modalities utilized.

YOUR RESPONSIBILITIES AS A CLIENT

You are responsible for bringing the child to his/her next session on time. If the child is late, the session will end on time and not run over into the next client's time. If a child misses his/her session without his/her parent cancelling less than 24 hours notice, you will be responsible for a \$40 cancellation fee, unless I can reschedule during the same calendar week.

1. Each parent agrees that he or she will not end the child's therapy without the agreement of the other parent, and that if both parents disagree about the child's continuing in therapy, they will try to come to an agreement, by counseling if necessary, before ending the child's therapy.
2. Each parent agrees to cooperate with my treatment plan for the child and understand that without mutual cooperation, I may not be able to act in the child's best interests and may have to end therapy.
3. Any release of written information or records to either parent will require authorization of the other.

The parents agree that I will not be required to testify or give an opinion at any legal proceedings, in a custody or visitation matter, in order to protect the child's treatment.

By signing and dating below, the parents provide consent to _____ for psychotherapy to
_____.
(Name of Child) (Name of Therapist)

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____