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MINORS: INFORMED CONSENT

We are excited to work with you! When you come to see us, we want you to feel safe and free to talk about anything you want. All information that you tell us is confidential. However, in some situations, we are required by law or by the guidelines of our profession to disclose information, whether or not we have yours or your parents' permission.

Confidentiality cannot be maintained when:

1. You tell us that you plan to cause serious harm or death to yourself, and we believe that you have the intent and ability to carry out this threat in the very near future. We must take steps to inform your parent or guardian or others of what you have told us and how serious we believe this threat to be and to try to prevent the occurrence of such harm.
2. You tell us that you plan to cause serious harm or death to someone else, and we believe that you have the intent and ability to carry out this threat in the very near future. In this situation, we must inform your parent or guardian or others, and we may be required to inform the person who is the target of the threatened harm and possibly the police.
3. If you are doing things that could cause serious harm to yourself or someone else, even if you do not intend to harm yourself or another person. In these situations, your clinician will discuss this with you and he/she will need to use professional judgment to decide whether your parent or guardian should be informed.
4. If you tell us, or we otherwise learn that, it appears that a you (or any child) is being neglected or abused--physically, sexually or emotionally--or that it appears that there may have been neglect or abuse in the past. In this situation, we are required by law to report the alleged abuse to the appropriate state child-protective agency.
5. We are ordered by a court to disclose information.

Disclosure of Minor's Treatment Information to Parents: Our work together is most effective when a trusting relationship exists between you and your clinician. Privacy is especially important in earning and keeping that trust. As a result, it is important for children/teens to have a "zone of privacy" where children/teens feel free to discuss personal matters without fear that their thoughts and feelings will be immediately communicated to their parents. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. If your parents would like to communicate with your clinician, we have suggested that it is best to meet with the

clinician at the beginning of your scheduled sessions or at a time that is mutually agreed upon.

It is our policy to provide your parents with general information about your treatment, but NOT to share specific information that you have disclosed without your agreement. This may include activities and behavior that your parents would not approve of — or might be upset by — but that do not put you at risk of serious and immediate harm. However, if your risk-taking behavior becomes more serious, then your clinician will need to use professional judgment to decide whether you are in serious and immediate danger of harm. If we feel that you are in such danger, we will discuss this with you first and communicate this information to your parents/guardian.

Example: If you report that you have tried alcohol at a few parties, we would keep this information confidential. If you report that you are drinking and driving or a passenger in a car with a driver who is drunk, we would not keep this information confidential from your parents. If you report, or if we believe, that you are addicted to drugs or alcohol, we would not keep that information confidential.

Example: If you report that you are having voluntary, protected sex with a peer, we would keep this information confidential. If you report that, on several occasions, you engaged in unprotected sex with strangers or in unsafe situations, we will not keep this information confidential.

You can always ask your clinician questions about the types of information we would disclose. You can ask in the form of “hypothetical situations,” such as: “If a child told you that he or she were doing _____, would you tell the parents?” Even when we have agreed to keep your treatment information confidential, there are times we believe that it is important for parents to know about a particular situation that is going on in your life. In these situations, we will encourage you to tell your parents, and we will help you find the best way to do so. Also, when meeting with your parents, we may sometimes describe problems in general terms, without using specifics, in order to help your parents know how to be more helpful to you.

Disclosure of Minor’s Treatment Records to Parents: Although the laws of Michigan may give parents the right to see any written records we keep about their child’s treatment, your parents have signed an agreement stating that they agree that you should have a “zone of privacy” in our sessions, and they have agreed not to request access to your written treatment records.

Child/Adolescent Patient:

By signing below, you show that you have read and understood the policies described above. If you have any questions as we progress with therapy, you can ask me at any time.

Child/Teen Name: _____

Child/Teen Signature:* _____ Date _____