

RACHAEL SMITH-SPONHOLZ, Ph.D.

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ADOLESCENT CONFIDENTIALITY AGREEMENT

(Age 12 and older)

The reason for working with a therapist is to improve things in your life that are troublesome or that are keeping you from being your best. You may have wanted to talk to someone or your parent, guardian, teacher, or doctors are concerned about something. The number of sessions we meet together will be agreed upon by us as a team (you, me, and your parents). Most often, people stop coming to therapy once they develop skills to help them feel better.

When we first meet, my goal is to see if I am a *good fit* to help you with your concerns. I will listen to you and help you develop a plan. Trust between us will take some time to develop. To help with this, please know that specific information you share with me is kept between us. This is called confidentiality.

Confidentiality and Limits

In general, I will keep what you say confidential, which means what you say to be is kept between you and I. There are some limits to this:

- If you tell me you plan to cause serious harm to yourself, and I believe you will do this, I must take steps to protect you. This likely will include telling your parent. If I am concerned about this, it will not be a secret. I will tell you right away and we will figure out the best plan together to keep you safe.
- If you tell me you plan to cause serious harm to someone else, and I believe you, I must inform your parent/guardian, the person you intend to do harm to, and possibly law enforcement.
- If you are doing things that could cause serious harm to you or someone else, even if you are not intentionally trying to harm yourself, I will use my best judgement to decide if your parents need to know. An example of this would be informing me of you have operated a vehicle while under the influence of alcohol or other substances.
- If you tell me you have been abused in the past or are being abused currently, I am required to make a report to Child Protective Services (CPS).
- If you are involved in a court case or your parents are involved in a court case and I receive a request for information about our work together. I will do all that I can to protect your confidentiality. If I am required by law to give information, you will be informed.

If there is something you tell me that I believe is important for your parent/guardian to know but it is not something I consider of serious risk to you, I will encourage you to tell them. However, this will ultimately be your decision. Working with your parents is important so they can support you to make the most progress. With your permission, your parent may sit in on some or all of the session if there is a situation you would like to talk about with them present. If your parent does not take part in the session, I will tell your parent a) goals we are working on; b) skills I may have taught

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you; c) my impressions of your progress; and d) how they can best support you in between sessions.

ADOLESCENT SIGNATURE

I have reviewed the information above. I understand I can ask questions to my therapist at any time about confidentiality and its limits.

Adolescent's Signature

Date

PARENT GUARDIAN SIGNATURE

I will refrain from requesting detailed information about individual therapy with my adolescent. I understand I will be provided with information about a) goals my adolescent is working on; b) skills my adolescent is being taught; c) Dr. Smith-Sponholz's impressions of my adolescent's progress; and d) how I can best support my adolescent in between sessions. I understand that Dr. Smith-Sponholz will only breach confidentiality if my adolescent is in serious danger to himself, is in serious danger to another, has reported abuse (physical, sexual, emotional, neglect), or is mandated by law in a court proceeding.

Parent Signature

Date

Parent Signature

Date

Dr. Rachael Smith-Sponholz, Ph.D.

Date