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Provisions for serving as a treating clinician with minors.

When caretakers bring their children for assessment and treatment of psychological problems it is preferable that both parents consent to treatment knowing that the role of the clinician is as the family or child therapist and not as an expert witness. Prior to beginning treatment, it is important for you to understand my approach to child and adolescent therapy and agree to some rules about your minor's confidentiality during the course of his/her treatment. The information herein is in addition to the information contained in the Outpatient Services Contract. Under HIPAA and my Ethics Code, I am legally and ethically responsible to provide you with informed consent. As we go forward, I will try to remind you of important issues as they arise.

Therapy is most effective when a trusting relationship exists between the psychologist and the patient. Privacy is especially important in securing and maintaining that trust. One goal of treatment is to promote a stronger and better relationship between children and their parents. However, it is often necessary for children to develop a "zone of privacy" whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. By signing this agreement, you will be waiving your right of access to your child's treatment records.

It is my policy to provide you with general information about treatment status. I will raise issues that may impact your child either inside or outside the home. If it is necessary to refer your child to another mental health professional with more specialized skills, I will share that information with you. I will not share with you what your child has disclosed to me without your child's consent. I will tell you if your child does not attend sessions. I will encourage your child to regularly provide you with a summary that will describe what issues were discussed, what progress was made, and what areas are likely to require intervention in the future. In addition, I will periodically request that you provide supportive information in order for me to best help your child and the family. If your child is an adolescent, it is possible that he/she will reveal sensitive information regarding sexual contact, alcohol and drug use, or other potentially problematic behaviors. Sometimes these behaviors are within the range of normal adolescent experimentation, but at other times they may require parental intervention. We must carefully and directly discuss your feelings and opinions regarding acceptable behavior. If I ever believe that your child is at serious risk of harming him/herself or another, I will inform you. Although my responsibility to your child may require my involvement in conflicts between the two of you, I need your agreement that my involvement will be strictly limited to that which will benefit your child. This means, among other things, that you will treat anything that is said in session with me as confidential. Neither of you will attempt to gain advantage in any legal proceeding between the two of you from my involvement with your children. In particular, I need your agreement that in any such proceedings, neither of you will ask me to testify in court, whether in person, or by affidavit. You also agree to instruct your attorneys not to subpoena me or to refer in any court filing to anything I have said or done.

Note that such agreement may not prevent a judge from requiring my testimony, even though I will work to prevent such an event. If I am required to testify, I am ethically bound not to give my opinion about either parent's custody or visitation suitability. If the court appoints a custody evaluator, guardian ad litem, or parenting coordinator, I will provide information as needed (if appropriate releases are signed or a court order

is provided), but I will not make any recommendation about the final decision. □ Furthermore, if I am required to appear as a witness, the party responsible for my participation agrees to reimburse me for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

In signing this agreement, I acknowledge that there is a difference between the roles of treating clinician and expert witness, and I agree not to subpoena the clinician, nor the clinician's records for use in litigation. I understand that the boundary between treating clinician and expert witness is necessary so that the treating clinician may maintain the integrity of the therapeutic relationships established through therapy.

Signature of Parent/ Guardian

Date

Printed Name:

Signature of other Parent/Guardian

Date

Printed Name:

Therapist's Signature

Date