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Informed Consent Addendum for Children and Adolescents

Welcome to Westfield Mental Health Specialists, LLC (WMHS). Prior to beginning treatment, it is important for you to understand my approach to child and adolescent therapy and for us to form an agreement about your child's confidentiality during the course of his or her treatment. The information provided here is addition to the information contained in the Informed Consent and Service Agreement for Psychiatric and Psychological Services. As we go forward, I will try to remind you of important issues related to informed consent as they arise.

One of the risks of child therapy involves disagreement among parents and/or disagreement between parents and the psychotherapist regarding the best interests of the child. If such disagreements occur, I will strive to listen carefully to understand your perspective and explain my perspective fully. We can resolve such disagreements or we can agree to disagree, so long as this enables your child's therapeutic process. Ultimately, you will decide whether therapy should continue. If you decide that therapy should end, I request that you allow a few closing sessions to appropriately end the treatment relationship.

Therapy is most effective when a trusting relationship exists between the psychotherapist and 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. Your signature regarding this addendum represents your agreement to respect your child's privacy in the treatment relationship.

It is my policy to provide you with general information about treatment status. I will discuss 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 in another area of specialization, I will share that information with you. I will not share with you what your child has disclosed during sessions without your child's consent, unless your child is at serious risk of harming himself or herself or another person. I will inform you if your child does not attend sessions. At the end of your child's treatment, I will provide you with a treatment summary describing what issues your child addressed, progress your child made, and what areas may require intervention in the future.

Although my responsibility to your child may require my involvement in conflicts between you and your child, we need to agree 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 as confidential. Neither parents nor guardians will attempt to gain advantage from my involvement with your child in any legal proceedings regarding divorce, custody, visitation, or the like. Specifically, 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 an 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 bound by ethics and state regulations 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 professional recommendations. Furthermore, if I am required to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of \$250 per hour for time spent travelling, preparing reports, testifying, being in attendance, and any other case-related cost.

Please feel free to discuss any questions or issues as they arise. I look forward to working with both you and your child during our therapeutic relationship.

Your signature in the appropriate location indicates that you have read WMHS's Informed Consent Addendum for Children and Adolescents and agree to abide by its terms.

Patient Signature
(ages 14-17)

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

WMHS Provider Signature

Date