Stephen Meyers, LCPC
(312) 925.8086
steph@smeyers.net

MINORS

Psychotherapy Agreement

Dear Client (minor),

If you are **under eighteen years of age**, please be aware that the law may provide your parent(s)/guardian the right to examine your treatment records. It is the policy of Stephen Meyers LCPC to request an agreement from parent(s)/guardian that they give up access to your records. If they agree, your counselor will provide them only with general information about the work the two of you perform together in the counseling process, unless he/she feels there is a high risk that you will seriously harm yourself or someone else. In this case, the counselor will notify your parents of this concern. The counselor will also provide your parents or guardian with a summary of your treatment when your treatment is completed. Before giving them any information, the counselor will discuss the matter with you, if possible, and do their best to handle any objections you may have with what is being prepared to discuss with them.

Your signature below means that you understand and agree with all of the points above.

_____   _____

Signature of Minor Client   Date

PARENT AGREEMENT FOR THERAPY WITH A MINOR:

I, _____, the parent/legal guardian of the minor, _____, give my permission for this minor to receive therapeutic services provided through Stephen Meyers LCPC without a parent or guardian present.

I have read, understand, and signed the ***Contract, Office Procedures, & Financial Agreement for Psychotherapy Services***, and I understand the risks and benefits of receiving these services and the risks and benefits of not receiving these services, for both this minor and his/her family.

Furthermore, I understand that I am expected to participate in this process by meeting with the therapist at least <u>once per month</u> while my child is in therapy.

My signature below means that I understand and agree with all of the points above.

_____   _____

Signature of Parent/Guardian   Date