



Dear Parent or Guardian,

Your adolescent has the right to private, confidential communication with his or her therapist. This means that some of the issues that they discuss will stay between your adolescent and me, and that I will not disclose that information to anyone, including you, unless I have been given permission by your adolescent to do so.

As your adolescent's therapist, I need him/her to be open and honest with me in order to understand and treat the full range of issues he/she is dealing with. Your adolescent may be too scared, angry, or ashamed right now to share those issues with you.

I also recognize it is very important for you to know what your adolescent is going through in order to do your job as a parent, which is why I will always encourage your adolescent to be open and honest with you. I will encourage, prepare, and support your adolescent so that they feel safe enough to share those issues with you.

According to Colorado law, and the federal patient privacy law known as HIPAA, your adolescent will need to give his/her consent for me to disclose to you:

- All Mental Health records for adolescents age 16 or older.
- All information concerning pregnancy, sexual activity, STD's, and drug/alcohol use or abuse, regardless of the adolescent's age
- Any information that I believe, if released, could cause harm to your adolescent or to someone else, or that would significantly harm the treatment relationship with your adolescent.

You should know that this confidentiality has limits. If there is any threat to your adolescent's safety or his/her life, I have the duty to inform you and help to create a plan for safety.

In addition, there are situations that I am mandated to report and cannot keep confidential. Those situations include:

- threats against another person
- physical or sexual abuse
- neglect
- pregnant women who report using drugs

Finally, I recognize how challenging it can be for a parent to raise a adolescent. I know how badly you might want to know everything your adolescent discloses in counseling. I want to be your partner in supporting your adolescent's mental wellbeing, and even when I can't discuss certain details about your adolescent with you, I will always be there for you: guiding you and giving your adolescent the best advice possible to protect him/ her and encourage healthy decisions, including being open and honest with you.

Work with an adolescent is generally more productive if parents voluntarily agree to not request information about the adolescent's private sessions. I ask your permission to keep what is discussed with your adolescent in our sessions confidential.

"Confidential" means we will only share information with you if your son or daughter says it's permissible to do so, except for the exceptions listed above.

As your adolescent's therapist, I agree to share with the parent(s) any information which is necessary for the safety of the adolescent.

Sincerely,



Brittni Fudge, MA, LPC, NCC

PARENTAL AGREEMENT OF CONFIDENTIALITY IN ADOLESCENT COUNSELING

As the parent of _____, I agree that the therapist will determine
(name of adolescent)

what information, in her professional judgment, is appropriate to be shared with the parent/guardian(s) concerning treatment issues, and what information, in the discretion of the therapist, will remain confidential between my adolescent and the therapist.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date