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### **CHILD AND ADOLESCENT OUTPATIENT SERVICES AGREEMENT**

Prior to beginning treatment, it is important for you to understand my approach to child therapy and agree to some rules about your child's confidentiality during the course of his/her treatment. The information herein is in addition to the information contained in the Outpatient Services Agreement. Under HIPAA and the APA Ethics Code, I am legally and ethical responsible to provide you with information about the potential risks and benefits of psychotherapy as well as attempt to identify and discuss issues that may be confusing as treatment progresses. As we go forward, I will try to remind you of these important issues as they come up.

One of the potential risks of child therapy involves disagreements between parents and/or disagreements between parents and therapist regarding the best interests of the child. If such disagreements occur, I will strive to listen carefully so that I can understand your perspectives as well as fully explain my perspective. We can resolve such disagreements or we can agree to disagree, so long as this resolution enables your child to continue to make therapeutic progress. Ultimately, you as the child's parent decide whether therapy continues or is terminated. If either of you or the child's other parent decides that therapy should end, I will honor that decision, however I ask that you allow me the option of having a few closing sessions to appropriately end the treatment relationship.

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. While one goal of treatment is to promote a stronger and better relationship between children and their parents, it is often necessary for children to develop a "zone of privacy" with their therapist so that 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. In order to help your child develop this sense of privacy it is my policy to ask parents to waive their right to access their child's treatment records. By signing this agreement, you will be agreeing to this request.

It is my policy to provide parents with general information about treatment status. My goal is to provide parents with adequate information so that they can monitor the quality of treatment that their child is receiving without compromising your child's sense of trust and security in the therapeutic process. To this end, I will, in general, discuss with you issues that may impact your child either inside or outside the home. I will also inform you if it becomes necessary for me to refer your child to another mental health professional with specialized skills that I believe would benefit your child. I will not share with you what your child has disclosed to me without your child's prior consent.

If your child is an adolescent, it is possible that he/she will reveal sensitive information regarding sexual activities, 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. It is important that we carefully and directly discuss your feelings and opinions regarding what constitutes acceptable behavior so that you have an understanding as to what types of information I tend to share with parents and what types of information I tend not to share. 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 you and the child's other parent, 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. Also, neither you nor the child's other parent 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. Also, you agree to instruct your attorneys not to subpoena me or to refer in any court filing to anything I have said or done.

It is important for you to be aware that this 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 at the rate of \$250 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THE CHILD OUTPATIENT SERVICES AGREEMENT AND AGREE TO ITS TERMS.

\_\_\_\_\_  
(Patient's Name)

\_\_\_\_\_  
(Patient's Date of Birth)

\_\_\_\_\_  
(Parent's or Guardian's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Relationship to Patient)