

### AGREEMENT FOR MEETINGS WITH MY THERAPIST

I, \_\_\_\_\_, agree to meet with Dr. Henderson, \_\_\_\_\_ time(s) per week starting on \_\_\_\_\_. Our meetings will last about \_\_\_\_\_ minutes. When we meet, we may talk, draw pictures, play games, or do other things to help this therapist get to know me better and understand my problems, strengths, and goals.

I understand that my parent (or parents) or my guardian has a right to know about how I am doing in therapy. I agree that Dr. Henderson may talk with my parent/guardian to discuss how I am doing. They may also talk about concerns and worries they may have about me. Or they may talk about things Dr. Henderson and I decide my parent/guardian needs to know about. Sometimes Dr. Henderson may meet with my parent/guardian without me. At other times we may all meet together.

The things I talk about in my meetings with the therapist are private. I understand Dr. Henderson will not tell others about the *specific* things I tell him or her. She will not repeat these things to my parent/guardian, my teachers, the police, probation officers, or agency employees. But there are two exceptions. First, because of the law, Dr. Henderson *will* tell others what I have said if I talk about seriously hurting myself or someone else. Dr. Henderson will have to tell someone who can help protect me or the person I have talked about hurting. Second, if I am being seriously hurt by anyone, Dr. Henderson has to tell someone for my protection.

I understand that sometimes I may not feel good about some things we may talk about in our meetings. I may feel uncomfortable talking to Dr. Henderson because I don't yet know her very well. I may feel embarrassed talking about myself. Some of the things we talk about may make me feel angry or sad. Sometimes coming to meetings may interfere with doing other things I enjoy more. But I also understand that coming to therapy should help me feel better in the long run. I may find that I will trust Dr. Henderson and can talk about things that I can't talk to anyone else about. I may learn some new, important, and helpful things about myself and others. I may learn some new and better ways of handling my feelings or problems. I may feel less worried or afraid and come to feel better about myself.

Any time I have questions or am worried about the things that are happening in therapy, I know I can ask Dr. Henderson. He or she will try to explain things to me in ways that I can understand. I also know that if my parent/guardian has any questions, Dr. Henderson will try to answer them.

I understand that my parent/guardian can stop my coming to therapy if he or she thinks that is best. If I decide therapy is not helping me and I want to stop, Dr. Henderson will discuss my feelings with me and with my parent/guardian. I understand that the final decision about stopping is up to my parent/guardian.

Our signatures below mean that we have read this agreement, or have had it read to us, and agree to act according to it.

\_\_\_\_\_  
Signature of child/adolescent                      Date

\_\_\_\_\_  
Signature of parent/guardian                      Date

I, the therapist, have discussed the issues above with the minor client and his or her parent/guardian. My observations of their behavior and responses give me no reason, in my professional judgment, to believe that these persons are not fully competent to give informed and willing consent.

\_\_\_\_\_  
Erin N. Henderson, Ph.D.                      Date

Copy accepted by client and parent/guardian       Copy kept by therapist

*This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.*