



Jane F. Hamilton, Ph.D.

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CONSENT AND ASSENT FOR TREATMENT OF A MINOR CLIENT

State law allows parents or legal guardians the right to access information regarding their child's treatment and records. However, I have found that when working with young people, treatment is often more successful when the minor feels they have access to a safe place to disclose information in which the details of such disclosure will not automatically be shared with parents. Therefore, when working with teens, it is my policy to request an agreement between parents, minors, and myself, in which parents consent to waive access to their child's treatment records. *If you agree, I will provide you with only general information about the focus and progress of your child's treatment.* However, in the event that I feel your child is in imminent danger in which I believe disclosure to be necessary in order to prevent probable harm, I will notify you of my concern (please see below for further description of limits of confidentiality by Arizona state law).

Please be aware that the purpose of this agreement is not to keep important information about your child from you, but rather to give your adolescent a chance to explore problems and to learn healthy ways of coping without fear of parental response. I make it a practice to encourage a minor to share important information with parents where clinically indicated, and with the minor's permission, I will do so as the situation allows. Please be aware that the most common sensitive issues for teens include substance use, risky behaviors and sexual activities. Although these topics may not be applicable to your teen, if you have concerns about substance use I encourage you to consider drug testing your child before the start of therapy, as I may not be able to discuss such matters with you if I find they are applicable to your child.

Limits of Confidentiality by Arizona Law

- There is reasonable suspicion of actual or potential child neglect or abuse (including physical, emotional, or sexual abuse, witnessing domestic violence, or the victim of a crime), in which case a disclosure to the office of Child Protective Services is required by Arizona law.
- Consensual intimate relationship of a child thirteen or younger with a partner of any age, or a child fourteen or older with a partner eighteen or older.
- The child communicates a direct, serious threat of physical harm to an identifiable victim or victims, in which case disclosure and or hospitalization is necessary to prevent that danger.
- There is reason to believe that the client may be a danger to self, another, or another's property, and that disclosure and or hospitalization is necessary to prevent that danger.
- There is a valid court order.



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- For the purposes of consultation with colleagues; however, no identifying information will be released.

This form documents that we have discussed treatment practices, including confidentiality and limits of, with my psychologist, and give consent for our child to receive psychological services. We understand that we can revoke our consent for treatment in writing at any time.

Our signatures indicate that we have read and understand the agreement and give consent for our child, _____, to receive psychological services from Jane F. Hamilton, PhD. Our signatures also indicate that we agree to the above confidentiality policy for treatment of a minor child. (Consent of both parents/legal guardians required)

Parent - Print Name

Parent - Signature

Date

Parent - Print Name

Parent - Signature

Date

Minor - Print Name

Minor - Signature

Date