Juniper Campbell, LPC

Assent for Treatment, Adolescent

I understand that I will be engaging in psychotherapy with Juniper Campbell. The purpose of this treatment is so that I feel better or resolve specific life or adjustment problems that have caused me to seek assistance or have caused my parent(s) to seek assistance on my behalf. The primary procedure used by Ms. Campbell is talk therapy, although I understand that she may also provide general education about mental health conditions or coping strategies. She may also assign “homework” for me to do in between sessions. The potential benefit of treatment is that I will feel better about my life, learn to manage stress, experience relief from painful emotions, or resolve problematic issues. I understand that a “cure” is not guaranteed and that it is possible that as I talk about some things, I may even feel worse. I may experience emotions more intensely as I talk about things that are upsetting, or I may notice more conflict in relationships as I make changes. I also understand that psychotherapy will be more successful if I am open and honest with Ms. Campbell.

I understand that all information I share will be kept confidential, but that this confidentiality is not absolute. In the case of medical emergency, child/elder abuse or neglect, suicidal or homicidal intent, or under court order, clinical information may be released. I further understand that Ms. Campbell, my parent(s), and I will discuss and agree upon the extent to which information I provide to her is shared with my parent(s). I understand that Ms. Campbell may discuss my case with a peer consultation group or with an expert consultant and if she does so any person with whom she consults is bound by the same confidentiality. I also understand that regardless of what has been agreed-upon, my parent(s) can receive a copy of my records or have a copy of my records provided to another person by completing a Release of Information form.

I understand that both my parent(s) and I have the right to participate in treatment decisions and that Ms. Campbell and I will together develop and periodically review and revise a treatment plan which will identify goals for treatment as well as the means of achieving those goals. I understand that my parent(s) has the right to refuse any recommended treatment and may withdraw consent to treatment at any time with any consequences clearly explained. I also understand that if I wish to withdraw my consent to treatment my therapist will facilitate a meeting with my parent(s) during which we will discuss my desire.

I understand that my parents will pay my therapist at the time that services are rendered and that except in the case of illness or emergency there will be a $80 charge for missed appointments which are cancelled with less than 24 hours notice.

I have read the above information and assent for treatment.

Printed Name: _____

Signature: _____ Date: _____

Therapist: _____ Date: _____