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Adolescent Counseling Agreement

What to expect from therapy:

1. You can expect that I will do my best to understand your concerns. I will listen non-judgmentally and provide an opportunity for you to learn more about yourself and hopefully together we will find better solutions to the challenges in your life.

2. You can expect that what we discuss will be kept private

There are a few of exceptions and here they are:

1. You tell me that you plan to hurt yourself or someone else.
2. You tell me that you are being abused physically, sexually or emotionally or that you have been abused in the past.
3. You are involved in a court case and a request is made for information about your counseling or your therapy.
4. You tell me that you are or have engaged in a sexual relationship with someone who is significantly older than you. In most cases I would be required by law to report this to Child Protective Services.

What to expect about my communications with your parent or guardian:

1. Generally speaking... I will keep the specifics of what you share with me private.

Here are the details:

1. If I do hear that you are involved in risk-taking behavior that becomes serious, then I will need to use my professional judgment to decide whether I must inform your parent/guardian.
2. Even though I am committed to keeping your information confidential, I may believe that it is important for your parent/guardian to know what is going on in your life. In these situations I will encourage you to tell them and I will help you find the best way to tell them.
3. When meeting with your parents I may sometimes describe problems we have been talking about in general terms, without using specifics, in order to help them know how to be more helpful

What I expect from you:

- 1. You agree to attend therapy sessions as scheduled and participate to the best of your ability**
- 2. You agree to participate in goal setting and take an active role in making positive life changes**
- 3. You agree to talk with me if you have thoughts or feelings about harming yourself or someone else**

What I expect from your Parent/Guardian:

- 1. You agree to support your child's treatment by doing your best to arrange for regular attendance**
- 2. You agree to make yourself available for parenting consultations and /or family meetings as requested by your child or his/her therapist**
- 3. You agree to be supportive of the counseling process**

Therapist's Signature _____ Date _____

Minor's Signature _____ Date _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____