



JENNIFER A. DECHERT, PSY.D COUNSELING & CONSULTING, LLC

LICENSED CLINICAL PSYCHOLOGIST (NJ#5284 & NY#018990)

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Parent (Guardian)/Minor Therapist Agreement:

Feedback and Confidentiality: In my psychotherapy practice I have an established ground rule regarding feedback that I would like all parties to be aware of and agree to, prior to my work with your child/minor. Therapy works best when all parties understand confidentiality and limits to confidentiality. As the parent/guardian to a minor under age 18, you have the right to know what is transpiring in therapy. However, in my experience, if the minor/child believes that everything they say will be reported back to the parent/guardian, therapy does not work. If I am going to work with your child/minor, the child/minor needs to feel comfortable to talk openly and freely in therapy. As such, the child/minor's confidentiality needs to be respected.

Even when you and Dr. Dechert have agreed to keep your child's treatment information confidential from you, Dr. Dechert may believe that it is important for you to know about a particular situation that is going on in your child's life. In these situations, Dr. Dechert will encourage your child to tell you, and Dr. Dechert will help your child find the best way to do so.

Dr. Dechert will periodically encourage your child/adolescent to share information gleaned from sessions when she thinks it will be helpful for them to do so. She will also inform you if she believes that your child/adolescent is at risk of imminently harming himself/herself, others, or property or if she suspects that he/she is abusing alcohol or drugs in a way that requires additional treatment services. She may not inform you, as a general policy, about some kinds of drug/alcohol use or sexual activity.

Here are some examples to help you discern:

If your child tells the therapist that he or she has tried alcohol at a few parties, the therapist would keep this information confidential. Alternatively, if your child tells the therapist that he or she is drinking and driving or is a passenger in a car with a driver who is drunk, your therapist would not keep this information confidential from you.

Another example would be that if your minor tells the therapist that he or she is having voluntary, protected sex with a peer, the therapist would keep this information confidential. On the other hand, if your minor tells the therapist that, on several occasions, the minor has engaged in unprotected sex with strangers or in unsafe situations, the therapist will not keep this information confidential.

You can always ask the therapist questions about the types of information he or she would disclose. You can ask in the form of "hypothetical situations," such as: "If a child told you that he or she were doing _____, would you tell the parents?"

I require that the parent(s)/guardian(s) follow this protocol when requesting feedback: 1) Parent(s)/guardian(s) request and are encouraged to ask for feedback as to the progress of their child/minor. 2) Dr. Dechert and minor will have one session to discuss what feedback will be provided to the parent(s)/guardian(s). 3) The parent(s)/guardian(s) will be included in the following session where Dr. Dechert will provide feedback to the parent(s). Also, when meeting with you, Dr. Dechert may sometimes describe your minor's problems in general terms, without using specifics, in order to help you know how to be more helpful to your minor child.

In the course of treatment of your child, Dr. Dechert may meet with the child's parents or guardians either separately or together. Please be aware, however, that, at all times, Dr. Dechert's client is your child-not the parents or guardians or any siblings or other family members of the child.

In order to authorize mental health treatment for your child, you must have sole or joint legal custody of your child and be authorized to grant permission for medical treatment.

In the state of New Jersey, a minor over the age of 16 can consent to behavioral health services on a temporary outpatient basis without parental consent.

Divorce

In the case of divorce/separation, in order to see the minor children/child Dr. Dechert must receive the most recent copy of the legal custody decree that establishes custody rights of you and the other parent or otherwise demonstrates that you have the right to authorize treatments for your child.

If you are separated or divorced from the child's other parent, please be aware that it is typically Dr. Dechert's policy to notify the other parent that he or she is meeting with your child. If there is joint custody, the signature of both parents will be required. Regardless of the custodial arrangement, consent from both parents, is the preferred practice of Jennifer A. Dechert, Psy.D. Counseling and Consulting, LLC.

One risk of child therapy involves disagreements among parents and/or disagreement between parents and the therapist regarding the child's treatment. If such disagreements occur, Dr. Dechert will strive to listen carefully so that she can understand your perspectives and fully explain her perspective. You and the Dr. Dechert can resolve such disagreements, or you can agree to disagree, so long as this enables your child's therapeutic progress.

Mandatory Disclosures of Treatment Information

In some situations, Dr. Dechert is required by law or by the guidelines of her profession to disclose information, whether or not she has your or your child's permission.

Dr. Dechert will disclose information when:

- ● Child patients tell Dr. Dechert that they plan to cause serious harm or death to themselves, and Dr. Dechert believes that the child has the intent and ability to carry out this threat in the very near future. Dr. Dechert must take steps to inform a parent or guardian or others of what the child has told said and how serious he or she believes this threat to be and to try to prevent the occurrence of such harm.
- ● Child patients tell Dr. Dechert that they plan to cause serious harm or death to someone else, and Dr. Dechert believes the child has the intent and ability to carry out this threat in the very near future. In this situation, Dr. Dechert must inform a parent or guardian or others, and may be required to inform the person who is the target of the threatened harm and the police.
- ● To reduce the risk of harm from firearms, Dr. Dechert is required by law to call the police where the patient lives, if Dr. Dechert believes there is an imminent risk of harm to the patient or another.
- ● Minor patients are doing things that could cause serious harm to them or someone else, even if they do not intend to harm themselves or another person. In these situations, Dr. Dechert will need to use her professional judgment to decide whether a parent or guardian should be informed.
- ● Minor patients tell Dr. Dechert, or Dr. Dechert otherwise learns that, it appears that a child, including the patient, is being neglected or abused--physically, sexually or emotionally--or that it appears that they have been neglected or abused in the past. In this situation, Dr. Dechert is required by law to report the alleged abuse to the appropriate state child-protective agency.
- ● Dr. Dechert is ordered by a court to disclose information

Disclosure of Minor's Treatment Records In New Jersey, minors age 14 years and older must provide written permission, along with the legal guardian, to provide information to a third party.

Both the law and the standards of our profession require that we keep treatment records for seven years after the minor's last session or seven years after they turn 18.

Disclosure of Minor's Treatment Records to Parents: Although the laws of New Jersey may give parents the right to see any written records Dr. Dechert keeps about your child's treatment, by signing this agreement, you are agreeing that your child or teen should have a "zone of privacy" in their meetings with Dr. Dechert and you agree not to request access to your child's written treatment records.

Parent/Guardian Agreement Not to Use Minor's Therapy Information/Records in Custody Litigation
When a family is in conflict, particularly conflict due to parental separation or divorce, it is very difficult for everyone, particularly for children. Although Dr. Dechert's responsibility to your child may require that she is helping to address conflicts between the child's parents, Dr. Dechert's role will be strictly limited to providing treatment to your child. You agree that in any child custody or visitation proceedings, neither of you will seek to subpoena Dr. Dechert's records or ask Dr. Dechert to testify in court, whether in person or by affidavit, or to provide letters or documentation expressing his or her opinion about parental fitness or custody or visitation arrangements.

Please note that your agreement may not prevent a judge from requiring Dr. Dechert's testimony, even though Dr. Dechert will not do so unless legally compelled. If Dr. Dechert is required to testify, she is ethically bound not to give his or her opinion about either parent's custody, visitation suitability, or

fitness. If the court appoints a custody evaluator, guardian *ad litem*, or parenting coordinator, Dr. Dechert will provide information as needed, if appropriate releases are signed or a court order is provided. However, Dr. Dechert will not make any recommendation about the final decision(s). Furthermore, if Dr. Dechert is required to appear as a witness or to otherwise perform work related to any legal matter, the party responsible for Dr. Dechert's participation and agrees to reimburse the therapist at the rate of \$400/hr for the time spent traveling, speaking with attorneys, reviewing and preparing documents, testifying, being in attendance, and any other case-related costs.

Child/Adolescent Patient: By signing below, you agree that you have read and understood the policies described above. If you have any questions as you progress with therapy, you can ask Dr. Dechert at any time.

Minor's Signature* _____ Date _____

Parent/Guardian of Minor Patient:

Please initial after each line and sign below, indicating your agreement to respect your child's privacy:

I will refrain from requesting detailed information about individual therapy sessions with my child. I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed.

Although I may have the legal right to request written records/session notes since my child is a minor, I agree NOT to request these records in order to respect the confidentiality of my child's/adolescent's treatment.

I understand that I will be informed about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to Dr. Dechert's professional judgment, unless otherwise noted above.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____ * For children 14 years and over.

Psychologist: Dr. Jennifer Dechert Date _____

By signing this document, all parties agree to follow the rule set forth regarding above. (Form: 12-29-21)