

CHILD AND ADOLESCENT COUNSELING AGREEMENT

This agreement is between _____ (*child/teen name*)
and _____ (*therapist/counselor name*).

Date: _____

I agree to meet with _____ (*therapist/counselor name*). We will usually meet once a week, and our meetings will last about 50 minutes. When we meet, we will talk, play games, or do other things to help my counselor get to know me better and understand my problems, strengths, and goals.

My counselor might talk with my parent/guardian to discuss how I am doing. They might also talk about concerns and worries they have. Or, they might talk about things my counselor and I decide my parent/guardian needs to know. Sometimes my counselor will meet with my parent/guardian without me. At other times, we will all meet together.

The things I talk about in my meetings with my counselor are private. My counselor will not tell others about the specific things I say, and he/she will not repeat these things to my parent/guardian, my teachers, or the police. But there are two exceptions. First, because of the law, my counselor will tell others what I have said if I talk about seriously hurting myself or someone else. My counselor 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, my counselor has to tell someone for my protection.

I understand:

- Sometimes I might not feel good about some things we talk about.
- I may feel uncomfortable or embarrassed talking about myself.
- Some of the things we talk about might make me feel angry or sad.
- Coming to meetings might interfere with doing other things I enjoy more.
- I may find I can talk about things with my counselor that I can't talk about to anyone else.
- 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 and problems.
- Any time I have questions or I'm worried about things that are happening, I know I can ask my counselor. He/she will try to explain things to me in a way that I can understand.
- If my parent/guardian has any questions, my counselor will try to answer them.
- My parent/guardian has a right to know about how I am doing in therapy.
- My parent/guardian can stop counseling if he/she thinks that is best. If I decide therapy is not helping me and I want to stop, my counselor will discuss this with me and with my parent/guardian. The final decision about stopping is up to my parent/guardian.

My signature below means that I read this agreement, or had it read to me. I understand what this agreement says and agree to act according to it.

Name of Child/Teen: _____

Signature of Child/Teen: _____

Date: _____