

WAVE Professional Clinical Counselors Inc.

wave therapy

Phone: (760) 500-3325

Teen or Child Consent for Treatment

This document is meant to provide you with information about what to expect in therapy. Please read it carefully and make note of any questions you may have so we can discuss them at our next meeting.

Therapy can vary depending on each therapist you see, what you would like to work on, and how open and willing you are to make changes and accept feedback.

It is important that you pick a therapist you feel comfortable with. If the therapist is saying something that feels wrong to you or hurts your feelings, please talk with them about it and if you feel that doesn't go well, talk to your parents. If you and/or your parents decide to not continue therapy with that therapist any more, please let the therapist know and they can provide you with referrals or call the Wave main line at 760-500-3325 and speak with our receptionist. She will be happy to help you.

The first few sessions of therapy will be for getting to know you better and there might be a lot of questions and note taking. The therapist will let you know what they intend to work with you on and ask you about your goals for therapy. The goals are important to go over several times as you get further along in therapy.

Therapy has both benefits and risks. Some of the risks include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness. While these feelings are a normal part of the therapeutic process, they can be quite intense and overwhelming at times.

Though therapy often requires speaking about upsetting things, it has been shown to have benefits. Therapy often helps reduce negative feelings, and helps with improving relationships, and in solving the problems you came to therapy for. There are, however, no guarantees about the outcome.

Sessions:

Our sessions will be scheduled to last 45-55 minutes. Your appointment time is reserved for you. Once you have scheduled a session, you will be expected to pay for it unless you provide at least 24 hours advanced notice. In situations where your absence was beyond your control, and where time permits, I will attempt to reschedule your session.

Between Session Contact:

Please be aware that I am not available immediately by phone. If you need to contact me between sessions, please leave me a message. I check my messages several times a day and

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will get back to you as soon as I am able. Whenever I am out of town I will leave you with information for contacting a trusted colleague who will be available to deal with any emergency you may have. **If you have a psychiatric or medical emergency, I suggest you call 911 or go to the nearest emergency room for assistance.**

Client Rights:

As a minor over the age of 12, you have the right to have therapy without your parents knowing or giving consent. This means you would not be able to use their insurance and you would have to cover the cost of therapy on your own. This would also mean your parents would have minimal rights when it comes to speaking with your therapist and seeing the notes from the session. This is meant to reduce harm to the minor client in certain cases such as abuse from parents.

You have the right to decide not to enter therapy with me. If you wish, I will provide you with the names of other therapists and clinics. You have the right to end therapy at any time. The only thing you will have to do is pay for any sessions you have already had. You have the right to ask any questions about what we do during therapy and receive answers that satisfy you. You have the right not to allow the use of any therapeutic technique.

Privacy:

For clients under 18 years old, there is some information we, as therapists, have to share if we hear about it. This will vary depending on the situation, but we may have to report to your parents and/or Child/Adult Protective Services if we hear about any type of abuse (physical, sexual, or emotional) for any minor under 18, adult over 65, or adult with disabilities.

Please note that sexual abuse of a minor includes sending nude pictures and any unwanted physical contact. As therapists, we will also have to report any safety concerns to your parents where your life or health is being endangered. If you have any questions about this, please ask your therapist for more information or see the section Confidentiality in the intake paperwork we send out.

If we see each other accidentally outside of the therapy office, I will not say hi to you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to say hi to you. It wouldn't be appropriate to talk about therapy out in public.

Consultation:

At WAVE, our therapists hold weekly consultation meetings to make sure we are giving you the best possible care. We discuss cases, while keeping in mind your rights to privacy. At times there are multiple family members being seen by different therapists at WAVE and we may discuss how to best help the family or couple as a whole without revealing information that would jeopardize the client therapist alliances. We will ask for your permission to share any sensitive information. Please let us know if you have any concerns about this or would prefer your case not be discussed.

Associates:

WAVE has Marriage and Family Therapist Associates, who are post graduate, BBS approved professionals with training and experience, conducting therapy. They are under the direct supervision of a Licensed Marriage and Family Therapist. It is customary for a supervisor and pre-licensed professional to discuss clients to assure the client is receiving the best possible care. The licensed supervisor is also bound by his professional ethics and will keep your information confidential, with the exception of legal mandated reporting as stated in the form on confidentiality.

Other Acknowledgements:

This acknowledges that you have been offered an Advance Directive, which can help your family make health choices according to your wishes. This link provides access to a guide and printable Advance Directive, should you require one, www.aarp.org/caregiving/financial-legal/free-printable-advance-directives. This acknowledges that you have been given the Access and Crisis Phone number (888) 724-7240 and website <http://211sandiego.org> which can be used for suicide prevention, crisis intervention, community resources, mental health referrals, and alcohol and drug support services.

Signature of teen or child client

Date

Teen or Child Printed Name

Date of Birth