

**CARLOS TALOYO, Ph.D.**  
**CLINICAL PSYCHOLOGIST**  
**(503) 364-6093**                      **Fax: (503) 566-9864**

**Office Address:**  
Spinnaker Place  
2601 25<sup>th</sup> Street, Suite 420  
Salem, OR 97302

**Billing Address:**  
Mid-Valley Counseling Center  
2250 D Street NE  
Salem, OR 97301

---

**CONTRACT FOR THERAPY WITH MINOR**  
**(Addendum to Informed Consent Form for Parent/Legal Guardian)**

Prior to beginning treatment, it is important for you to understand my approach to child therapy and agree to some rules about your child's confidentiality during the course of his/her treatment. The information herein is in addition to the information contained in the Information for Clients form. Under HIPAA and the APA Ethics Code, I am legally and ethically responsible to provide you with informed consent. As we go forward, I will try to remind you of important issues as they arise.

Unless a child has only one parent involved in her or his life, one risk of child therapy can involve(s) disagreement among parents and/or disagreement between parents and therapist regarding the best interests of the child. If such disagreements occur, I will strive to listen carefully so that I can understand your perspectives and fully explain my perspective. We can resolve such disagreements or we can agree to disagree, so long as this enables your child's therapeutic progress. Ultimately, you will decide whether therapy will continue. If either of you decides that therapy should end, I will honor that decision. However, I ask that you allow me the option of having a few closing sessions with your child to appropriately end the treatment relationship.

Therapy is most effective when a trusting relationship exists between the psychologist and the patient. Privacy is especially important in securing and maintaining that trust. One goal of treatment is to promote a stronger and better relationship between children and their parents. However, it is often necessary for children to develop a "zone of privacy" whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. By signing this agreement, you will be waiving your right of access to your child's treatment records. I will treat this as legally binding, although it sometimes may be overridden by a judge.

It is my policy to provide you with general information about treatment status. I will raise issues that may impact your child either inside or outside the home. If it is necessary to refer your child to another mental health professional with more specialized skills, I will share that information with you. I will not share with you what your child has disclosed to me without your child's consent. I will tell you if your child does not attend sessions. At the end of your child's treatment, I will provide you with a treatment summary that will describe what issues were discussed, what progress was made, and what areas are likely to require intervention in the future.

If your child is an adolescent, it is possible that he/she will reveal sensitive information regarding sexual contact, alcohol and drug use, or other potentially problematic behaviors. Sometimes these behaviors are within the range of normal adolescent experimentation, but at other times they may require parental intervention. We must carefully and directly discuss your feelings and

opinions regarding acceptable behavior. If I ever believe that your child is at serious risk of harming him/herself or another, I will inform you.

Although my responsibility to your child or adolescent may require my involvement in conflicts between the two of you, I am asking for your agreement that my involvement will be strictly limited to that which will benefit your child. This means, among other things, that you will treat anything that is said in session with me as confidential. Neither of you will attempt to gain advantage in any legal proceeding between the two of you from my involvement with your children. In particular, I need your agreement that in any such proceedings, neither of you will ask me to testify in court, whether in person, or by affidavit. You also agree to instruct your attorneys not to subpoena me or to refer in any court filing to anything I have said or done.

Note that such agreement may not prevent a judge from requiring my testimony, even though I will work to prevent such an event. When the child's personal therapist is required to testify, the child gets a sense that his or her private space has been violated, and the same could happen in the future with me or another therapist. So bringing a child's therapist into the legal struggle can strip your child of the privacy of his or her therapy.

If I am required to testify, I am ethically bound not to give my opinion about either parent's custody or visitation suitability. If the court appoints a custody evaluation, guardian ad litem, or parenting coordinator, I will provide information as needed (if appropriate releases are signed or a court order is provided), but I will not make any recommendation about the final decision. Furthermore, if I am required to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of \$250 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

I have read this contract, had any questions answered to my satisfaction, and fully agree to abide by the terms and conditions of this document.

Name of Minor Child/Adolescent \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent/Legal Guardian (printed) \_\_\_\_\_

Name of Parent/Legal Guardian (signed) \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Legal Guardian (printed) \_\_\_\_\_

Name of Parent/Legal Guardian (signed) \_\_\_\_\_ Date \_\_\_\_\_