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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.

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.

Privacy is especially important in securing and maintaining 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. It is my policy to provide you with general information about treatment status.

Although my responsibility to your child or adolescent may require my involvement in conflicts between parents, 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 said in session with me as confidential. In any legal proceedings, I ask that 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.

If I am required to testify, I am ethically bound not to give my opinion about either parent's custody or visitation suitability. 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 _____