

FOR PARENTS/GUARDIANS OF CLIENTS UNDER 17

1. When working with a child, it is important that they trust me; therefore, I must respect their right to confidentiality. Consequently, I consult with parents at the beginning of each session about their child's progress. Unless limited by the court, both parents are entitled to know the nature and progress of the child's therapeutic services. I believe it's a good idea to ask general questions about how progress is going, but I would suggest that you let your child initiate specific counseling issues.
2. Parents/guardians are expected to be active participants in their child's therapy, including homework assignments. Failure to follow through with your own homework sets a poor precedent.
3. Please make sure that I know at the beginning of the session whether there have been any unusual events since our last session or new issues of concern you wish to discuss. If you can't be there, please email me or call me prior to, or at the beginning of the session, so that I have this information before starting your child's session.
4. *If at all possible, please do not leave the office while your child is in session.* Most children need to know that their parent is present for them, and occasionally I may need to involve you in the middle or at the end of a session. Sessions are typically 45-50 minutes in length.
5. Children should not be left unsupervised at any time and are not allowed to leave my office without adult supervision. Also, because other professionals are doing work in adjoining offices, please be respectful of their need for quiet and privacy. Food is discouraged in the office.
6. Your child will almost always have therapy homework. It will usually be something that they choose to work on for self-improvement. It's a good idea to ask them what their homework assignment is either before leaving, or immediately after leaving the office; as I will often ask you how their behavior, attitude, and therapy homework is progressing at the beginning of the next session.

Consent to Treat Minor

I _____, as parent/guardian of _____,
(Parent/guardian's name) (child's name)

request and authorize Cynthia Lindgren MSSW, LCSW to carry out diagnostic procedures, and therapeutic treatments for my child's care as a client. I understand that I have the right to ask about any procedure so that it can be explained to me and subject to my agreement. I also agree that I have read and fully understand this consent form.

Date _____ Parent/Guardian Signature _____

Date _____ Parent/Guardian Signature _____

Involvement in Court Proceedings Waiver

The undersigned will neither individually nor jointly involve Cynthia Lindgren, MSSW, LCSW in any custody related litigation, regardless of the reason. The undersigned will neither request, nor subpoena her to provide testimony in court. The reason for this is so that treatment is not compromised, the therapeutic relationship with the family is maintained, and the child experiences their therapist in a clear, consistent, therapeutic role and not as an assessor or detective. If the services of a mental health professional are desired for court purposes, then the services of a separate professional must be enlisted.

Date _____ Parent/Guardian Signature _____

Date _____ Parent/Guardian Signature _____