

**Carmen Richardson Counselling  
Adolescent Informed Consent Form  
Privacy of Information Shared in Therapy/Counselling**

**What to Expect**

People tend to meet with a therapist in order to get help with things that are troubling them or to improve certain aspects of their life in order to be the best they can be. You may be here because you asked for help or someone in your life thought it could be beneficial for you to meet with a therapist. When we meet we will discuss how it came to be that you are here, I will listen to your concerns and questions and together we will come up with therapeutic goals and/or a plan to address these concerns.

Sharing private information with me is essential to this process of counselling and it is important that you feel comfortable in doing so. Sometimes you may share information that you do not want your parents/caregivers or other adults to know about. Knowing that what is shared in counselling is private is important in order for you to trust me as your therapist and feel more comfortable sharing.

In general, what you share with me in our counselling sessions is confidential, unless you have given me written consent to disclose certain information. However, there are some important EXCEPTIONS to this rule that you need to understand. In certain situations I am required by law or by the guidelines of my profession to disclose information whether you have given me permission or not. Some of those situations are as follows:

1. You tell me you plan to hurt or kill yourself and I believe you have the intent and ability to carry out this threat in the very near future. I will then have to take steps to contact a parent/caregiver and inform them of this threat and how serious I believe this threat to be. I must make sure that you are protected from hurting yourself.
2. You tell me you have a serious plan to do harm or cause death to someone else who can be identified, and I believe you have the intent and ability to carry out this threat in the very near future. I must then inform both your parents/caregiver and the person you intend to harm.
3. You are doing things that could cause serious harm to yourself or someone else, even if you don't intend to hurt yourself or another. I will need to use my professional judgement in these situations to make the best decision on whether or not to inform your parent/caregiver.
4. You tell me you are being physically, sexually or emotionally abused or that you have been abused in the past. I am obligated by law to report abuse to Calgary and Area Child and Family Services and/or Calgary City Police.
5. You are involved in a court case and a request is made for me to provide information about your counselling. I will do my best to protect your confidentiality unless the court requires me to do so. If this happens, I will let you know that this is happening.

**Communicating with Your Parents/Caregiver**

With the exception of the above situations, I will keep the information that is shared in our sessions private. This includes any activities that your parents/caregivers may not approve of or

may be upset by, but that do NOT put you at risk of serious or immediate harm. If your risk-taking behaviors become more serious, I will then need to use my professional judgement to decide if you are in serious and immediate danger of being harmed. I will then inform your parents/caregivers if this is the case.

Example: If you tell me you have gone to a few parties and tried alcohol, I will keep that information confidential. If you tell me that you have driven while drinking or have been a passenger in a car that was driven by someone else who was drinking, I would inform your parents/caregivers. If you told me, or I have concerns that you are addicted to alcohol/drugs, I would not keep this information confidential.

If you like, you can always ask me questions about what I need to disclose or not. You could say, "If someone told you they did this...would you have to tell their parents?"

You are coming to therapy for a reason. Your parents/caregivers are concerned with how you are doing and if progress is being made. We can all decide together how we can best update them on your progress. Typically, when giving parents/caregivers updates, I will describe problems and progress in general terms in order to maintain your privacy and still ensure your parents/caregivers that you are making progress. There are times when something comes up and I think that it is important that your parents/caregivers know what is going on. I will first encourage you to talk with them and together we can decide how best to proceed.

### **Communicating with Other Adults**

*School, Counselors:* In some situations I may request to speak to someone from your school or previous school or past counselors in order to understand how things are going or how they went for you. Sometimes, these people may contact me to find out how you are doing. In some situations, it may be useful for me to give suggestions to the people you may be working with in the future.

*Health Care Professionals/Doctors:* It can be very useful for professionals who are in your life to work together to provide you the best care possible. For example, if you need to take or are on medication or you need support with certain therapeutic goals that other professionals could help with, I will ask for written permission from you and your parents/caregiver to talk with these professionals.

*Consultation:* As a therapist, I have other clinical professionals that I consult with to ensure I am providing the best therapeutic support to you. During your treatment with me, I may consult with these colleagues. Please know I will not share names or any other identifying information and only the information necessary to consult with about your situation.

### **Art Therapy**

If I am using art therapy, I authorize Carmen Richardson to maintain a digital and/or hard copy of my art work and creative writing in my counselling file. However, any art work that is too large for the file, and is left with Carmen Richardson after services have terminated, will be confidentially disposed of within 6 months.

**My File**

The laws and standards of the social work profession requires that Carmen keeps a record of our work together and that this record is kept for 10 years in a secure location. After this time period, the file is shredded.

**Your Rights and Responsibilities**

1. I agree to participate in the therapeutic relationship and process.
2. I agree to participate in setting therapeutic goals and take an active role in making positive changes in my life.
3. I agree to tell my therapist if I begin to have thoughts that could lead to harming myself or someone else.
4. I have been informed and understand the limits of confidentiality, which by law, the therapist must report to appropriate authorities of any suspected child abuse or serious threats of harm to self or another.

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Printed Name of Client

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Date

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Signature of Client

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Date

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Signature of Therapist

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Date

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Signature of Parent/Caregiver

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Date

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Signature of Parent/Caregiver

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Date

**PART II: CONSENT FOR RESEARCH AND TRAINING**

I further authorize that my art work and creative writing may be used for Educational and/or Research purposes, for unlimited duration, providing that Carmen removes all identifying features and that I consent that she may use my work for training/research purposes. Specifically, I understand that my creative work will be kept anonymous; I will not be identified by name, address, or other specific information which may disclose my identity to the public.

I understand that the ownership of the original art work, for research and writing purposes, remains with me. The risk to giving consent is relatively low. The art work is part of the therapy process, so further work is not required of me, my identity is protected, and consent can be withdrawn at any time. The benefits of giving consent are that I am contributing my art work to further the development of knowledge in the field of art therapy.

If I have any concerns with how the research is being conducted, I can register my concerns with Carmen Richardson or with the Canadian Art Therapy Association.

I understand that I am free to withdraw consent for my art work to be used for training/research purposes at any time up to 1 year after the last recorded treatment session. However, I recognize that any of my art or creative work that is in published form might not be able to be recalled.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Minor)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)