

## Counseling Policies for Minors

### Treatment Authorization for Minors

Counseling for minors needs to be authorized by the minor's parent or legal guardian. Well & Beyond requires written authorization from both parents prior to the treatment of their child.

In case one parent consents to the treatment of a minor and the other parent objects, we can only proceed to provide counseling services for the minor under the following conditions:

- a) the parenting plan states that only one parent has the medical decision-making responsibility for the child; or
- b) the parents themselves or the court resolves this dispute.

### Confidentiality for Minors

Minor children do have a right to privacy regarding their communication with the therapist and their medical records. Both parents of the minor (even non-custodial parents) also have the legal right to access the treatment information of the minor, and to authorize the release of this information. For any information to be released to third parties, both parents and the minor have to agree to such disclosure of information.

If the parents of a minor disagree about disclosure of their child's records, the parents themselves or the court will have to resolve the dispute before any records can be released. We are unable to release any records of a minor unless we have written authorization from both parents or a court order.

A minor can also assert a right to privacy, but only in court. The court then has to determine whether waiver or assertion of the privilege is in the child's best interest.

### Balancing the Rights of Minors and their Parents

Trust is the basis of the therapeutic relationship for minors as well as for adults. For counseling with children and adolescents to be effective, their need for privacy should be balanced with a parent's right to be informed about relevant safety issues and the nature and progress of the minor's counseling. We encourage family members to speak openly with each other about important matters. At the onset of counseling we will focus on establishing a clear and mutually supported understanding between parents, minor (s) and counselor as to how and which information about a child or adolescent will be shared with his/her parents or legal guardian.

### Drug and Alcohol Counseling for Minors

Under New Hampshire law, drug and alcohol treatment for minors age 12 and older does not require parental consent. Information from substance abuse counseling for minors can only be disclosed to parents or other third parties with the minor's written consent.



COUNSELING & PSYCHOTHERAPY

**Consent & Service Contract - Minors**

**Consent & Service Contract:**

I have received copies of Well & Beyond's Counseling Policies for Minors and the Client Information & Counseling Policies.  
I understand and agree to all terms specified therein.

I authorize Well & Beyond to provide:

- Individual counseling for my child: \_\_\_\_\_
- Family counseling, including the following children:  
\_\_\_\_\_

I agree to pay all charges for counseling services incurred by me and/or by my family members and children. I also agree to pay a cancellation/no-show fee of \$ 40.00 in the event that I, or others for whom I assume financial responsibility, do not keep a scheduled appointment and have not given 24 hours cancellation notice.

_____	_____
Parent/Guardian Signature	Date
_____	_____
Parent/Guardian Signature	Date
_____	_____
Minor Signature (for acknowledgment of policy)	Date

**Authorization to Release Information to Health Insurance (if applicable):**

I would like to use health insurance for reimbursement of counseling services. I authorize Well & Beyond to provide the insurance with necessary information.

_____	_____
Parent/Guardian Signature	Date
_____	_____
Parent/Guardian Signature	Date

**Authorization to Release Information to Primary Care Physician:**

I authorize the release of relevant counseling information for \_\_\_\_\_ to his/her pediatrician/primary care physician.  
Minor's Name

_____	_____
Parent/Guardian Signature	Date
_____	_____
Parent/Guardian Signature	Date

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