

Uta Russell, LCSW
Licensed Clinical Social Worker
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(530) 400-4082

Agreement for Adolescent Meeting with Therapist

I, _____ (adolescent's name), understand that my parent(s)/guardian(s) has/have a right to know about how I am doing in therapy. I agree that Uta may talk with my parent(s)/guardian(s) to discuss how I am doing. They may also talk about concerns and worries they may have about me; or they may talk about things Uta and I decide my parent(s)/guardian(s) needs/need to know about. Sometimes Uta may meet with my parent(s)/guardian(s) without me and at other times we may all meet together.

The things I talk about in my meetings with my therapist are private. I understand that Uta will not tell others about the specific things I tell her. She will not repeat these things to my parent(s)/guardian(s), my teachers, the police, probation offices, or agency employees. But there are two exceptions: First, because of the law, my therapist will tell others what I have said if I talk about seriously hurting myself or someone else. Uta will have to tell someone who can help protect the person I have talked about hurting. Second, if I am being seriously hurt by anyone, Uta has to tell someone for my protection.

I understand that sometimes I may not feel good about some things we may talk about in our meetings. I may feel uncomfortable talking to a therapist because I don't yet know her very well. I may feel embarrassed talking about myself. Some of the things we talk about may make me feel angry or sad. Sometimes coming to meetings may interfere with doing other things I enjoy more. But I also understand that coming to therapy should help me feel better in the long run. I may find that I can talk about things that I can't talk to anyone else about. I may learn some new, important, and helpful things about myself and others. I may learn new and better ways of handling my feelings or problems. I may feel less worried or afraid and come to feel better about myself.

Any time I have questions or I am worried about the things that are happening in therapy, I know I can ask Uta. She will try to explain things to me in ways that I can understand. I also know that if my parent(s)/guardian(s) has/have any questions, Uta will try to answer them.

I understand that my parent(s)/guardian(s) can stop my coming to therapy any time he/she wishes. If I decide therapy is not helping me and I want to stop, Uta will discuss my feelings with me and my parent(s)/guardians(s).

Our signatures below mean that I have read this agreement, or have had it read to me, and that I agree to act according to it. My signature below means that I understand and agree with all of the points above.

Adolescent

Date

Parent/Guardian

Date

Parent/Guardian

Date

Uta Russell, LCSW

Date

Copy given to client, parent, guardian: _____
Original in therapist's file