

DR FEDERICI'S CONFIDENTIALITY POLICY FOR ADOLESCENTS

What to Expect:

The purpose of meeting with a psychologist is to assist you in coping with difficulties you are having and/or to help you find yourself or a direction in your life that seems meaningful. You may be here because you wanted to talk to a psychologist about these problems or, you may be here because your parent, guardian, doctor or teacher had concerns about you. When we meet, we will discuss these problems. I will ask questions, listen to you and suggest a plan for helping with these problems, and improving your situation. It is important that you feel comfortable talking to me about the issues that are bothering you. Sometimes these issues will include things you don't want your parents or guardians to know about. For most people, knowing that what they say will be kept private helps them feel more comfortable and have more trust in their psychologist. Privacy, also called confidentiality, is an important and necessary part of a productive therapeutic relationship.

As a general rule, I will keep the information you share with me in our sessions confidential, unless I have your consent to disclose certain information. There are, however, important exceptions to this rule that are important for you to understand before you share personal information with me in a therapy session. In some situations, I am required by law to disclose information whether or not I have your permission. Adults have these same exceptions to confidentiality. I have listed some examples below of where the law overrides confidentiality.

- You tell me you plan to cause serious harm or death to yourself, and I believe you have the intent and ability to carry out this threat in the very near future. I must make sure that you are protected from harming yourself.
- You tell me you plan to cause serious harm or 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.
- You tell me you are currently being abused-physically, sexually or emotionally. If you have been abused in the past and are not in danger at this time, we can

make a plan to keep you safe, disclosing this information in a timely and comfortable manner.

- In certain situations, I will need to use my professional judgment to decide what to do, for example if you are doing things that could cause serious harm to you or someone else, and cannot stop that type of behavior.

Communicating with Your Parent(s):

Except for situations such as those mentioned above, I will not tell your parent or guardian specific things you share with me in our private therapy sessions. This includes activities and behavior that your parent/guardian would not approve of — or would be upset by — but that do not put you at risk of serious and immediate harm. I will not tell them anything about sexually transmitted diseases, termination of pregnancy, or substance abuse. However, if your risk-taking behavior becomes more serious, then I will need to use my professional judgment to decide whether you are in serious and immediate danger of being harmed. If I feel that you are in such danger, I may communicate this information to your parent or guardian, **but will always first try to ask you to do so**. I will **not** tell your parent(s) or guardian(s) anything that in my professional judgement may adversely affect your health or welfare.

You can always ask me questions about the types of information I would disclose. You can ask in the form of “hypothetical situations,” in other words: “If someone told you that they were doing _____, would you tell their parents?”

If I may believe that it is important for a parent to know what is going on in your life I will encourage you to tell your parent/guardian and will help you find the best way to tell them. Also, when meeting with your parents, I may sometimes describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you.

Communicating with Other Adults:

School: I will not share any information with your school unless I have your permission and permission from your parent or guardian. Sometimes I may request to speak to someone at your school to find out how things are going for you. Also, it may be helpful

in some situations for me to give suggestions to your teacher or counselor at school. If I want to contact your school, or if someone at your school wants to contact me, I will discuss it with you and ask for your written permission. A very unlikely situation might come up in which I do not have your permission but both I and your parent or guardian believe that it is very important for me to be able to share certain information with someone at your school. In this situation, I will use my professional judgment to decide whether to share any information.

Doctors:

Sometimes your doctor and I may need to work together; for example, if you need to take medication in addition to seeing me. I will get your written permission and permission from your parent/guardian in advance to share information with your doctor.

The only time I will share information with anyone without your permission is if you are doing something that puts you or someone else at risk for serious and immediate physical or medical harm. I am required to do this by law. As a Board Certified and Licensed Psychologist there are rules that I must follow. I am obligated to follow the laws of the State of New Jersey or I will lose my license. Incidentally, I am required to do this for adults as well as minors. This type of scenario is very rare, but I still wanted to tell you about it.

Often parents will question me about the discussions I have had with their adolescent children. They are responsible for you, and they generally do have the right to know about you. My primary job as your therapist is to help you, not to satisfy your parents' curiosity, but also know that parents can be very insistent. I take my job very seriously, and am very dedicated to my patients. To avoid any conflict, I request parents and their adolescent children to agree up front about the parameters of what I will discuss with your parents about you. I will ask you and your parents to sign an agreement outlining the boundaries that they must honor.

**ADOLESCENT and PARENT
PRIVACY AGREEMENT**

Patient Name: _____

Date of Birth:

Adolescent Patient:

Signing below indicates that you have reviewed Dr. Federici's *Confidentiality Policies* and understand the limits to confidentiality. If you have any questions as we progress with therapy, you can ask Dr. Federici at any time.

Patient's Signature _____

Date _____

Parent/Guardian:

(Please initial of each line and sign below, indicating your agreement to respect your child's privacy)

___/___ I will refrain from requesting detailed information about individual therapy sessions with my child. I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed.

___/___ I agree to allow my child to have a zone of privacy and I will respect the confidentiality of my child's/adolescent's treatment.

___/___ I understand that I will be informed about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to Dr. Federici's professional judgment.

By initialing above, I agree to abide the parameters stated to allow my child to have privacy in therapy. I also acknowledge that I do not have to be informed about my child's sexually transmitted diseases, terminated pregnancy, or substance abuse, nor will I attempt to obtain any information by any means, that may be legally available to me.

Parent's Signature _____

Date _____

Parent's Signature _____

Date _____