

**PRIVACY POLICY  
FOR THE TREATMENT OF CHILDREN OR MINORS**

Effective psychotherapy requires full and honest disclosure on the part of the client. Unless the client reveals true concerns, perceptions, and feelings, desired therapeutic change cannot occur. While there are a few circumstances in which confidentiality must be breached (e.g. intent of violence, child abuse, etc.), clients rely on their therapists to handle information with sensitivity and discretion. Therapists are therefore obligated to safeguard client privacy.

Unique confidentiality issues arise in the treatment of minor children. Children depend heavily on the behaviors of significant adults in their lives. Parents obviously play a pivotal role in their children's welfare and have an interest in their treatment. Sometimes it is in a child's best interest for a parent to be directly involved in therapeutic discussions; other times it is not. Older children, adopted children, children of multiple households, children who anticipate negative consequences and others often need therapeutic privacy. The opportunity to speak openly about their concerns without fear of reprisal is critical to the therapeutic process. Ironically, children sometimes prefer to keep their information private even when the parents have expressed complete approval and support. This independence helps them to feel important and to develop a sense of personal efficacy (the ability to function effectively in their world). Breaching therapeutic trust is simply not in a child's best interest. Confidentiality is critical.

Confidentiality is always addressed at the beginning of treatment. When a child enters treatment, it is especially important to explicitly establish the expectations for privacy of client information. First, the legally established limits of confidentiality to both the client and the accompanying parent(s) are explained. Second, the therapist will ask the accompanying parent(s) if there are issues of special concern requiring automatic disclosure. For example, a therapist is not necessarily required to reveal a child's values, beliefs, opinions, moral dilemmas, romantic involvements, or other sensitive concerns. Nevertheless, there may be some issues which parents view as critical and about which they want to be informed (pregnancy, involvement with undesirable peers, etc.). Any such critical issue is specifically identified, and the child is informed that information about the identified issue will not be kept private. The child must then decide whether to address that issue without privacy or to leave it unresolved. Sometimes children choose to reveal all of their client information with their parents, or they may ask the therapist to do so. As long as the child understands the established limits of privacy and confidentiality, therapeutic trust can continue to develop.

Most parents, despite a healthy curiosity or concern about what their child says in session, acknowledge the overriding importance of privacy. They waive the right to review session notes, because they recognize the damage that such an invasion of privacy can have on the child's wellbeing. It can damage the parent-child relationship and also permanently sabotage the success of their child's therapy. Most parents therefore choose to rely on the therapist's professional discretion with regard to the disclosure of client information. In so doing, they establish their child's best interests as their top priority.

As the treating therapist, I (Stanley Makrinos MA, PCC-s) require parental acceptance of this policy in order to provide treatment to minor children. Nevertheless, I prefer to involve the parent(s) as much as possible without violating the child's privacy. Dedicated parental involvement significantly increases the likelihood, of therapeutic success. If your child enters therapy with me, please remain available and expect to actively participate in the treatment process. By signing below you agree to the principles outlined in this document.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Stanley Makrinos MA, PCC-s  
Treating Clinician Signature

\_\_\_\_\_  
Date