Brenda Petrie Psychotherapy & Consulting

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**Consent to Treatment of a Child**

Name of Child Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Psychotherapy can be a very important resource for children of separation and divorce. Establishing a therapeutic alliance outside of the home can:

* Facilitate open and appropriate expression of strong feelings which routinely accompany family transitions and conflict, including guilt, grief, sadness and anger.
* Provide an emotionally neutral setting in which children can explore these feelings.
* Help children understand and accept the new family composition.
* Offer feedback and recommendations to parents based on knowledge of the child’s specific emotional needs and developmental capacities.

However, the usefulness of such therapy is extremely limited when the therapy itself becomes simply another matter of dispute between parents. With this in mind, and in order to best help your child, I strongly recommend that each parent mutually accept the following requisites for the child’s participation in therapy.

1. As your child’s psychotherapist, it is my primary responsibility to respond to your child’s emotional needs. This includes, but is not limited to, contact with your child and both parents, and gathering information relevant to understanding your child’s welfare and circumstances.
2. I ask that all parties recognize and, as necessary, reaffirm to the child, that I am the child’s helper and not allied with any disputing party.
3. Please be advised regarding the limits of confidentiality as it applies to psychotherapy with a child in these circumstances:
* I keep records of all contacts relevant to your child’s well-being. These records are subject to court subpoena and may, under some circumstances, be solicited by parties to your divorce, including your attorneys.
* Any matter brought to my attention by either parent regarding the child may be revealed to the other parent. Matters which are brought forth to my attention that are irrelevant to the child’s welfare may be kept confidential.
* I am legally obligated to bring forth any concerns regarding the child’s health and safety to the attention of relevant authorities.
1. **This psychotherapy will not yield recommendations about custody**. In general, I recommend that parents who are disputing custody consider participation in alternative forms of negotiation and conflict resolution, including mediation, rather than try to settle a custody dispute in court.

Your understanding of this agreement in advance of starting psychotherapy may resolve difficulties that would otherwise arise and will help make this therapy successful. Your signature signifies that you have read and accept this agreement.

I hereby consent to psychotherapy services for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ provided by Brenda Petrie, Registered Psychologist.

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 Signature Date

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 Printed Name Relationship

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 Signature Date

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