

Consent for Treatment of a Child

Jeffrey Bernstein, Ph.D.

Name of child client (13 years of age or younger): _____

This is to certify that I give permission to Jeffrey Bernstein, Ph.D. to evaluate and to provide psychotherapy for my child. My child will be treated with respect and honesty throughout treatment. He/she is expected to benefit from treatment, but there are no guarantees. Maximum benefits will occur with regular attendance but I understand that I may possibly see a temporary worsening of symptoms while my child is in treatment.

I am aware that requesting a forensic report or testimony as to any of the content of my child's treatment greatly jeopardizes the course of treatment as well as the therapeutic relationship. Therefore, I knowingly and freely waive my right to request the release of information (other than dates of sessions, length of sessions, attendance at sessions, and fee information) to my attorney or any other Officer of the Court. I understand that release of clinically significant information to any Officer of the Court shall be by Court Order, signed by a duly appointed Judge, only.

I understand the importance of confidentiality between my child and Dr. Jeffrey Bernstein. I will respect the confidentiality of my child and I understand that Dr. Bernstein will communicate with me when there are any treatment concerns and/or if my child is in danger. My child's diagnosis, course of treatment, treatment plan, and treatment prognosis will be discussed. I will notify Dr. Jeffrey Bernstein of any changes in behaviors and/or symptoms while my child is in treatment.

Pennsylvania State Law mandates the reporting of actual or suspected child or elder abuse to the appropriate agency. It has also been upheld that if an individual intends to take harmful or dangerous action against another, it is the therapist's duty to warn the person or the family of the person who is likely to suffer the results of harmful behavior. Similar actions are taken with clients who may have had suicidal thoughts and desires.

I have had the chance to discuss all of these issues and have had my questions answered. Therefore, I agree to play an active role in this treatment as needed and I give permission to begin this treatment as shown by my signature below.

Signature of parent/guardian Date

Signature of parent/guardian Date

* Please note that if the child's parents are separated or divorced I require the signature of both parents if there is joint legal custody.

____/____/____

____/____/____