

MARIETTA ROSWELL COUNSELING, LLC

2850 Johnson Ferry Rd. Suite 250, Marietta, GA 30062

CLIENT ADDENDUM FOR MINORS

Due to the sensitive nature of counseling and the stage of development that your son or daughter is currently experiencing, the therapeutic relationship is a critical bond between your son/daughter and myself. It is important that he/she feel safe and comfortable discussing personal and private topics with me. In effort to respect the privacy and sensitive needs of your son/daughter, I will not be discussing the content of therapy sessions with you. It is my hope that through the therapeutic process that new skills and insights will be gained by your son/daughter, so he/she can discuss these sensitive topics with you in time. However, if at anytime I assess that your son or daughter is in danger or might be dangerous to others, if abuse/neglect is suspected or reported, or if there are any other serious concerns related to the health and welfare of your son/daughter, you will be notified immediately so that the necessary actions and precautions can be taken.

It is important not to pressure your son/daughter about what was discussed in session. I do encourage that you always maintain an “open-mind /open-door” attitude and approach. For example: “If you want to tell me about your session, I’m interested in hearing what you have to say, but I understand if you don’t want to talk about it.” If at any time you have questions about your son’s/daughter’s progress, please feel free to contact me so we can schedule a time to meet.

Your signature below indicates that you have read and agreed with this Addendum for Parents/Guardians of Adolescents.

Parent’s or Legal Guardian’s Name (Please Print)

Date

Parent’s or Legal Guardian’s Signature

Parent’s or Legal Guardian’s Name (Please Print)

Date

Parent’s or Legal Guardian’s Signature

Client’s Name (Please Print)

Date

Client’s Signature

The signature of the Therapist below indicates that she or he has discussed this form with you and has answered any questions you have regarding this information.

Therapist’s Name (Please Print)

Date

Therapist’s Signature