<u>MPG Informed Consent for Treatment of a Minor</u>

Patient Name: _____

Date of Birth: _____

Please review and acknowledge by checking each item and initialing and dating at the bottom.

☐ **Services Provided**

Manhattan Psychology Group (MPG) offers psychological services to children, which may include individual psychotherapy, sessions with either parent, joint parent-child sessions, family sessions involving both parents and the child, communication with third parties (such as physicians, attorneys, or schools), and review of relevant school or medical records.

☐ **Parental Participation**

I/we agree to be included in our child's treatment as needed and when appropriate, through in-person meetings, phone consultations, or other forms of communication with the provider.

☐ **Confidentiality**

I/we understand that legal guardians hold the privilege of confidentiality. Consent must be granted by the legal guardian for information to be shared with any third party. However, to promote the success of treatment, some information shared by my/our child may remain confidential and not be disclosed to parents. Exceptions include any indication of imminent danger or harm to the child or others, in which case I/we will be notified immediately.

☐ **Legal/Litigation Policy**

To protect the integrity of the therapeutic process, I/we understand that the provider should not be involved in legal proceedings or litigation involving the child or family. I/we agree not to subpoena the provider or request therapy records for legal purposes. This includes refraining from asking for reports or testimony related to the emotional state of the child or any parent. I/we may rescind this agreement at any time by submitting written notice to MPG.

☐ **Cooperation and Expectations**

I/we understand that successful psychological treatment requires the cooperation of all involved parties. While treatment is designed to support the child's emotional and behavioral health, no guarantees are made regarding outcomes.

Acknowledgment

Parent/Guardian Initials: _____

Date: _____