

## **Sanctuary Christian Counseling POLICY FOR TREATING A CHILD OF DIVORCED, SEPARATED, OR UNMARRIED PARENTS**

For children experiencing the divorce, separation, or distancing of parents, a safe and neutral setting to discuss their feelings can help ease the transition. In order for your child's therapy to be effective, it is important for you to understand how treatment works and to agree to the following terms and conditions. Please read this information carefully and ask me any questions before your child starts treatment.

1. My priority is your child's emotional and behavioral health. Treatment will focus on your child, any adjustments to changing family conditions, and his/her achievement of therapy goals.
2. I will not be involved in any legal issues involving divorce, separation, or custody agreements, nor will I take sides in any disputes between you and the other parent. If you are involved in legal proceedings, please notify me as soon as possible so I can determine how this involvement might affect our work together.
3. The practice's staff will not be exposed to domestic issues or disagreements over the phone or in the office. Additionally, please make decisions regarding appointments and/or any office procedures prior to visiting the practice.
4. I will not provide the child's parents mediation, marital counseling, adult treatment, or custody/parenting evaluations. However, I can provide referrals for those services.
5. I will involve both parents in your child's treatment as necessary and in accordance with my professional judgment, except in cases of abuse or serious impairment on the part of one or both parents, or when your involvement would be detrimental to the child's mental health or treatment.
6. Only in situations where there is a confirmed, documented Court Order will a parent be denied visits to the office.
7. Please protect your child from conflict related to separation, divorce, or custody issues. Try not to argue in front of your child or involve your child in adult conflicts. Whenever possible, support your child's relationship with the other parent.
8. I will provide each parent with updates on your child's progress in treatment as requested. In addition, I will discuss what you can do to improve your child's outcomes in treatment. However, I will not discuss with one parent what the other parent can do to improve outcomes.
9. It is both parents' responsibility to communicate with each other about their child's care, office visit dates, and any other relevant information. I will not communicate your

child's session information to each parent separately, or contact a non-attending parent following visits.

10. Additionally, my practice will not call the other parent for consent regarding appointments scheduled, or restrict either parent's involvement in their child's care unless authorized by law.
11. Any information you disclose to me may be included in your child's treatment record, which is accessible by the other parent. Only in situations where there is a confirmed, documented Court Order will a parent be denied access to the child's records.
12. Telephone, face-to-face, video, e-mail, or written communication from either parent may be shared as is clinically appropriate at the discretion of the therapist, with the other parent, or with the child. These communications become part of the child's permanent record.
13. If there is not a Court Order on file with our office, either parent can sign a "Consent to Treat" form that authorizes any named individuals (grandparents, nanny, etc.) to bring your child to our practice, be present during the visit, and consent to any treatment during that visit.
14. I will report safety concerns. Although your child's treatment is a confidential and privileged relationship, if I become concerned that your child's safety is in jeopardy, I will make a report to the authorities.
15. If I feel that the actions of either parent are compromising client care, I have the right to discharge the family from the practice.

I have read this information and have had an opportunity to ask questions. My signature below indicates that I agree to all of the above terms and conditions.

Child's Name: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

Parent Signature Date: \_\_\_\_\_ Date: \_\_\_\_\_

Clinician's Printed Name: \_\_\_\_\_

Clinician's Signature:  
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