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MINORS AND CONFIDENTIALITY

Parents have responsibility for their children. Generally, when their children are in treatment, the parents are the holder of privilege and have the rights to information relevant to their child's health and welfare. Parental control is widely held up by the law. Though this is true, minors are also recognized as having rights to confidentiality, even though parents usually control those rights. Parents, not minors, have the right to waive confidentiality.

Like any other client, minors need to feel safe in a therapeutic relationship. The best approach a parent can take in regards to this situation would be to allow their child freedom to disclose events in their life without fear of reprisal from their parent or legal guardian. This obviously would be limited in the event that a child's health and general welfare are threatened. Parents have rights to information about the health and welfare of their child. However, a counselor cannot share with the parents any information, which places the child at risk of harm.

The older the minor is, the greater their need for privacy becomes. An adolescent's desire for maintaining confidence of disclosed information is extremely high. This is an important factor in effective treatment, because the trust level and rapport are foundational if change is to occur.

In rare and under certain circumstances, a minor can be seen in treatment without parental consent. The minor must be 12 years of age or older and:

1. Seek treatment for issues related to drug or alcohol problems.
2. Seek treatment for issues related to child abuse.
3. Would present a danger of serious harm to him/herself, or others, without treatment.
4. Seek treatment for issues related to sexual assault (such as rape or incest).
5. Pregnancy counseling.

A counselor or psychologist can break confidentiality without consent when the client is under 16 years of age and has been the victim of a crime, and if disclosure is considered to be in the best interest of the minor.

Please take moment to review this information, and then sign below. This will verify you have read this information and are aware of these conditions and terms regarding minors and the limits of confidentiality. Thank you.

Signature

Date