

Dear Parents,

In our initial meeting, we will talk about if individual therapy, between myself and your child, is indicated for treatment. If we decide to pursue individual therapy I will request that as part of the therapy arrangements for your child, that your child's confidentiality be protected except under exceptional circumstances. The same expectation applies for Parent-Child meetings, in case parents are divorced.

As parents, you are of course entitled to information about how your child's treatment is progressing, and in most cases, will be involved in an integral way in the treatment itself; however, circumstances sometimes change and I am on occasion asked to release information (e.g., detailed process notes). This represents a violation of the agreement made with the child to respect their privacy. **I am asking that you agree not to request to release information about your child's treatment** (including parent-child meetings in which only one parent attends). Primarily this protection is necessary in order to secure the therapy relationship between your child and myself. One of the main purposes of therapy is to create a safe place for the child to discuss sensitive issues, and to facilitate having the child and family discuss things in a healthy manner. Most children (and adults) will not open up and reveal information if they are aware that that information will be disclosed.

Experience has shown that revealing therapy notes or contents of conversations, destroys the trust relationship between therapist and child. My experience has been that no matter how carefully this is explained the child invariably feels betrayed and can no longer be in therapy with the individual who released this information. Even if the child is no longer in therapy with me, this breach of trust has an impact on other relationships with therapists as well. It also often undermines the trust relationship between parent and child.

Please take time to consider this matter. If agreeing to this creates discomfort for you, I will be happy to provide other therapy resources for you and your child. If you have questions regarding this matter, please feel free to discuss them with me.



AGREEMENT REGARDING CONFIDENTIAL AND PRIVILEGED COMMUNICATIONS

_____ & _____ hereby agree to the following:

1. _____ & _____ are the parents of: _____, a minor under the age of 18 (“the minor”) who is a patient of a Miri Arie, PhD.

2. All communications between the Minor and Miri Arie, PhD. made or that arise in the course of psychological treatment are confidential and privileged from disclosure to any and all third persons or entities. The term “communications” includes but is not limited to oral conversations; notes, memoranda, and recordings of oral conversations; documents reflecting medical opinions or evaluations; medical records; and written correspondence.

3. Miri Arie, PhD. shall not be required to testify for any proceedings or in any court any communications that relate to the treatment of the Minor, unless (a) a court competent jurisdiction appoints a Guardian ad Litem to represent the Minor’s interests, and the Guardian ad Litem determines by written report that Miri Arie, PhD.’s testimony regarding and/or production of communications relating to the treatment of the Minor is in the Minor’s best interests, or (b) otherwise required by the laws of the state of Washington.

4. We have been urged to consult with our lawyers about this agreement and have been given every opportunity to do so.



**AGREEMENT REGARDING CONFIDENTIAL AND PRIVILEGED COMMUNICATIONS
CERTIFICATIONS**

FATHER

I certify under penalty of perjury under the laws of the state of Washington that I am the father of _____, a minor. I have read the foregoing Agreement Regarding Privileged Communications, know and understand the contents thereof, and agree to the terms stated therein.

SIGNED this _____ day of _____ ' 20____, at _____ Washington.

_____(Signature) _____(Print Name) Father of _____

MOTHER

I certify under penalty of perjury under the laws of the state of Washington that I am the mother of _____, a minor. I have read the foregoing Agreement Regarding Privileged Communications, know and understand the contents thereof, and agree to the terms stated therein.

SIGNED this _____ day of _____ ' 20____, at _____ Washington.

_____(Signature) _____(Print Name) Mother of _____