

MINOR ASSENT TO TREATMENT FORM

Welcome to the Center for Physician Wellbeing. Because you are under 18 years of age, parent/guardian consent is necessary for you to receive counseling/therapy. In addition, you are receiving this form with the purpose of informing you about the process of counseling and your rights and responsibilities as a client.

CPW Mission:

To nourish a culture of wellbeing for AdventHealth physicians, advanced practice providers, and their families through personal counseling, professional coaching, and educational programs. The CPW provides evidence-based, confidential clinical services including, assessment, treatment recommendations, counseling, coaching, and/or referrals.

Minor client therapy information:

Therapy is a great way to work on problems/concerns that are important to you and your parents/guardian. Part of successful treatment includes being open and honest with your therapist and trying out the things we talk about in treatment in your daily life. Your therapist will make every effort to be clear about your privacy.

Typically, your therapist will share general information with your parents/guardian, such as whether you attended sessions and if you appear to be participating in treatment. Sometimes you and your therapist may agree to involve your parents/guardian in treatment, or to consult with them to get more information. You should also know it is legal in Florida for parents/guardian to access your treatment records.

Your therapist will generally keep information discussed in session confidential except in the following situations:

- *When doing so is necessary to protect the client or someone else from imminent physical and/or life-threatening harm.*
- *When a client lacks the capacity or refuses to care for him/herself and such lack of self-care presents substantial threat to his or her well-being.*
- *Florida Statutes (Abuse Laws): If CPW staff knows or has reasonable cause to suspect abuse or neglect of a child, dependent adult, or elder person, a report to the appropriate authorities is required by law.*
- *When a client pursues civil or criminal legal action against the CPW or its staff or when a client makes a complaint to a Professional Board about a counselor.*
- *When a client is involved in a legal proceeding and there is a court order for the release of the client's records.*

Additionally, if your therapist feels concerned about risky behavior, or non-compliance with treatment recommendations, they may consult with your parent/guardian.

Signing below indicates that you have reviewed the policies described above and understand the limits to confidentiality. If you have any questions as we progress with therapy, you can ask your therapist at any time.

Minor Client's Signature _____ Date _____