



Privacy of Information Outside of Office Setting

At times it may be determined that participating in activities such as walking, playing basketball, going to a nearby park etc. maybe therapeutic and beneficial, however by engaging in activities outside of the office confidentiality cannot be guaranteed. By signing you are acknowledging this possibility and agreeing to continue to engage in activities as deemed appropriate by the therapist.

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**Adolescent Consent Form
&
Parent Agreement to Respect Privacy**

Adolescent therapy client:

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's Signature _____ Date _____

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Parent/Guardian:

Parent Signature (if under 15) _____ Date _____

Therapist Signature _____ Date _____