



# UNITY FCI THERAPY SERVICES LLC

## Agreement for Meetings with My Therapist

I, \_\_\_\_\_, agree to meet with the therapist named below, \_\_\_\_\_ time(s) per week starting on \_\_\_\_\_. Our meetings will last about \_\_\_\_\_ minutes. When we meet, we may talk, draw pictures, play games, or do other things to help this therapist get to know me better and understand my problems, strengths, and goals.

I understand that my parent (or parents) or my guardian has a right to know about how I am doing in therapy. I agree that this therapist may talk with my parent/guardian to discuss how I am doing. They may also talk about concerns and worries they may have about me. Or they may talk about things the therapist and I decide my parent/guardian needs to know about. Sometimes this therapist may meet with my parent/guardian without me. At other times we may all meet together.

The things I talk about in my meetings with the therapist are private. I understand this therapist will not tell others about the *specific* things I tell him or her. He or she will not repeat these things to my parent/guardian, my teachers, the police, probation officers, or agency employees. But there are two exceptions. First, because of the law, the therapist *will* tell others what I have said if I talk about seriously hurting myself or someone else. This therapist will have to tell some-one who can help protect me or the person I have talked about hurting. Second, if I am being seriously hurt by anyone, this therapist has to tell someone for my protection.

I understand that sometimes I may not feel good about some things we may talk about in our meetings. I may feel uncomfortable talking to this therapist because I don't yet know him or her very well. I may feel embarrassed talking about myself. Some of the things we talk about may make me feel angry or sad. Sometimes coming to meetings may in-terfere with doing other things I enjoy more. But I also understand that coming to therapy should help me feel or act better in the long run. I may find that I will trust this therapist and can talk about things that I can't talk to anyone else about. I may learn some new, important, and helpful things about myself and others. I may learn some new and better ways of handling my feelings or problems. I may feel less worried or angry and come to feel better about myself.

Any time I have questions or am worried about the things that are happening in therapy, I know I can ask this ther-apist. He or she will try to explain things to me in ways that I can understand. I also know that if my parent/guardian has any questions, the therapist will try to answer them.

I understand that my parent/guardian can stop my coming to therapy if he or she thinks that is best. If I decide therapy is not helping me and I want to stop, this therapist will discuss my feelings with me and with my parent/guardian. I understand that the final decision about stopping is up to my parent/guardian.

Our signatures below mean that we have read this agreement, or have had it read to us, and agree to act according to it.

\_\_\_\_\_  
Signature of child Date

\_\_\_\_\_  
Signature of parent/guardian Date

I, the therapist, have discussed the issues above with the minor client and his or her parent/guardian. My observa-tions of their behavior and responses give me no reason, in my professional judgment, to believe that these persons are not fully competent to give informed and willing consent.

\_\_\_\_\_  
Signature of therapist Date

- Copy accepted by client and parent/guardian  Copy kept by therapist

*This is a strictly confidential patient medical record. Redislosure or transfer is expressly prohibited by law.*

**FORM 11. Contract for psychotherapy with an older child or adolescent.** Adapted from a form devised by Glenn W. Humphrey, OFM, PhD, of New York, NY, and used by permission of Dr. Humphrey. From *The Paper Office*. Permission to photocopy this form is granted to purchasers of this book for personal use only (see copyright page for details).

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