

Northern Virginia Integrative Counseling Center

Policy Working with Minors

We value our counseling relationship with your child. The best relationships are based on respect and understanding. It is important that you understand our policies and procedures regarding the treatment of minors at the beginning of service so that you can make an informed decision about receiving services.

1. Counseling services provided are for children age 12+. We will work with a family system that has younger children.
2. A parent or guardian must consent to their child's treatment. At times, a court order to verify that you are the legal parent or guardian may be necessary.
3. Initially, minors must be brought to therapy sessions by a parent or guardian. For the initial and second session, the parent or guardian must remain in the office during the time your child is being seen. It is in the best interest of the child for the adult to remain in the office for any and all subsequent sessions thereafter. The therapist reserves the right to require the parent/guardian to remain in the office for all counseling sessions.
4. A parent session is required every month. It is recommended that both parents attend. Confidentiality of the minor is respected.
5. Virginia Law allows for either parent to have access to their child's records or information, unless there is a court order limiting access or terminating parental rights. If one parent makes a request, attempts to notify the other parent will be made.
6. As your child's therapist, the counselor's goal is to establish a solid therapeutic relationship with your child and to provide quality treatment and care. If in the event of parental conflict, it is counterproductive to involve the counselor in any type of legal proceedings against a parent or family member. By initialing this paragraph, and by giving your signature below to this policy document, you agree not to involve your therapist in any type of legal proceeding against a parent or family member. _____

I acknowledge that I have read and agree to all of the above provisions about seeking services for my child. I certify that I am the legal parent/guardian and have the authority to consent to services.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____