Chasee S. Chappell Hudgins, Psy.D.
Licensed Psychologist
512-689-5042
ChappellHudgins@mac.com

PARENTAL CONSENT TO TREAT MINOR

CONFIDENTIALITY: The confidentiality and privacy of our sessions are extremely important. Confidentiality is protected by regulations in state laws and by my professional ethics and standards. There are some situations, however, in which confidentiality is not guaranteed. These situations are as follows:

1. If I have cause to believe that a child under 18 has been or may be abused or neglected (including physical injury, substantial threat of harm, mental or emotional injury, or any kind of sexual contact or conduct), or that a child is a victim of a sexual offense, or that an elderly or disabled person is in a state of abuse, neglect or exploitation, the law requires that I make a report to the appropriate governmental agency, usually the Department of Protective and Regulatory Services. Once such report is filed, I may be required to provide additional information.

2. In some circumstances, my records may be subject to a subpoena issued by the court. If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your (or your legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.

3. If I believe that a client may be of harm to herself or himself or another individual.

4. The law permits me to share records of client appointments with insurance companies and collection agencies for obtaining payment.

5. Confidentiality does not extend to criminal proceedings in Texas.

6. If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.

7. If I die or become incapacitated, one of my Professional Executors may take control of records and contact clients.

This is not an exhaustive list; however these are the most common circumstances.

MINORS AND PARENTS: Patients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records. However, if the treatment is for suicide prevention, chemical addiction or dependency, or sexual, physical or emotional abuse, the law provides that parents may not access their child's records. For children between 16 and 18, because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is my policy to request an agreement from the patient and his/her parents that the parents consent to give up their access to their child's records. If they agree, during treatment, I will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

AGREEMENT

I hereby grant my permission for any counseling or diagnostic evaluation that may be deemed necessary by Dr. Chappell Hudgins. I understand that therapy is a joint effort between the therapist and client, the results of which cannot be guaranteed. Progress depends on many factors, including motivation, effort, and other life circumstances. I agree that I will be responsible for payment of all professional fees as well as to scheduled appointments. I know that I can end therapy at any time I wish and I can refuse any requests or suggestions made by my therapist. I have read, understand, and agree to the office policies listed above.

I further acknowledge the accessibility to copies of this Agreement and the **HIPAA** notice.

Guardian Signature: _____ Date: _____

Client Signature: _____ Date: _____