



# PHOENIX RISING COUNSELING

28a Mashamoquet Rd. Pomfret Center, Ct. 06259  
PH. 860-792-6396 Fax 860-932-3506

## CHILD AND ADOLESCENT SERVICE AGREEMENT

This document is to inform you about Phoenix Rising Counseling's policies about working with minor clients and their families. As your child's legal guardian, the following is expected of you while your child receives services and treatment.

As your child's clinician, I cannot disclose specific information that has been discussed during sessions unless your child is considered a safety risk to themselves or others. There may be times when your child shares information with me that they may not yet be ready to discuss with you. As your child's therapist, I will support your child in navigating through their thoughts, feelings, and emotions. Your child may request your attendance in a session, so they may have additional support during important disclosures, assistance in managing conflict, and help with working on family dynamics.

Your alliance in supporting your child's therapeutic relationship with their counselor is requested. Some ways in which you can help your child maximize the benefits of therapy can include:

1. Ensuring that there is a private and quiet space, free of interruptions, in which your child can engage in telehealth therapy sessions.
2. Assisting your child with regularly attending in-person therapy sessions.
3. Avoiding asking your child about the contents of their therapy sessions.
4. Being receptive to joining your child's therapy session(s) per your child's request.
5. Asking for appropriate resources and referrals for issues impacting your child.
6. Reaching out with any concerns, behavioral changes, or major life challenges that may be impacting your child.

Allowing your child, the decision of starting/participating in therapy. Phoenix Rising Counseling believes in the importance of consensual therapeutic participation. If your child reports that they are uncomfortable engaging in therapy, do not want to be involved in therapy, or do not want to work with their therapist, I will discuss alternative options, including providing referrals and/or terminating therapeutic services and treatment.

---

Therapy is a safe place to help you process how you feel and to have someone who will support you unconditionally and without judgment. I will work collaboratively with you to help you reach your goals, will celebrate the positive times with you, and can be a sounding board during stressful times.

Therapy is most effective when it is a safe place grounded in mutual respect, openness, authenticity, and honesty. It can be a place for you to disclose your innermost thoughts and feelings. You may initially feel worse when beginning therapy, as it can often stir up emotions inside of you. It is important to remember that is completely normal and that you will be supported throughout the process.

Your conversations with your clinician will remain confidential and private with some exceptions:

1. If you disclose that you have plans to harm yourself or others. I may be required to break confidentiality to contact the police, alert the intended victim, contact a family member, or seek out involuntary hospitalization without your consent.

2. If you disclose that you currently or have previously been physically abused, sexually abused, or neglected by a primary caregiver. I will be required to file a report to the Department of Children and Families.
3. If you disclose that you have engaged in sexual activities in exchange for food, money, alcohol, drugs, or shelter. Under Connecticut law, this is considered commercial sexual exploitation of a child, and it is required to report disclosures to the Department of Children and Families.
4. If you are engaging in sexual activities with someone substantially older than you.
5. If I am summoned or subpoenaed to court, as your clinician, I will make every attempt to limit the information shared during court proceedings.
6. If you have criminal involvement or have been a victim of a crime, such as a sexual assault.
7. If you are involved with agencies such as Department of Children and Families (DCF), Department of Mental Health (DMH), or have a Guardian ad litem (GAL) and there is a released signed on your behalf.

**Communication with Your Legal Guardian(s)**

As your clinician at Phoenix Rising Counseling, I will keep private the specifics of what you share during sessions. There are some situations which your legal guardian(s) should be aware, especially if you are considered to be unsafe and/or are engaging in risk-taking behaviors. I will speak with you prior to talking to your legal guardian(s) and will discuss the option of sharing the information with your legal guardian(s) together.

When speaking to your legal guardian(s), I will not disclose specific topics shared during therapy sessions unless you have given permission to do so. I will primarily discuss your progress or any challenges that you communicated to me during therapy sessions. The purposes of speaking to your legal guardian(s) include supporting your work together, advocating on your behalf, and assisting in strengthening familial relationships.

**Therapeutic Expectations**

As your clinician, I will always meet you where you are at and will not expect you to talk about anything about which you feel uncomfortable or are not yet ready to disclose. You have a right to decline to answer any question that I may ask. I will be receptive to feedback and will work collaboratively with you to set goals.

If you do not feel comfortable engaging in therapy, do not want to be in therapy, or do not feel it is a good “fit” for you, please inform your legal guardian(s) and myself, so you can be provided with appropriate referrals and resources to best support you.

Phoenix Rising Counseling asks that you speak with me as your counselor or another adult in your life if you are having thoughts of harming yourself or others. You may reach out to me by phone, text, or email in between sessions for additional support. In case of emergency, please do not wait for a call back from me. Instead, please call 211 or 911.

---

BY SIGNING BELOW, I AM ACKNOWLEDGING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS DETAILED IN THIS DOCUMENT.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_