

Confidentiality Agreement

Date: _____

Therapist Name: _____

Child's Name: _____

Parent/Guardian Name: _____

Purpose

This confidentiality agreement is designed to protect the privacy of the therapy sessions held with your child.

Confidentiality Statement

As your child's therapist, I understand the sensitive nature of the information shared during therapy sessions. I am committed to ensuring that all discussions and records concerning your child's therapy are kept confidential.

Exceptions to Confidentiality

There are certain circumstances where confidentiality may be breached, including, but not limited to:

- If there is a risk of harm to your child or others.
- If there is suspected abuse or neglect.
- If required by legal proceedings.

Your Consent

By signing this document, you indicate your understanding of the terms of this confidentiality agreement. Please feel free to ask any questions before signing.

Signature of Parent/Guardian: _____

Signature of Therapist: _____