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## **Consent To Treat Minor Children In Family Therapy**

### **Non-Client Disclosure Form**

During the course of therapy, it is sometimes appropriate to have a family member or other significant person attend a session(s), to assist in the assessment process or address an issue. This document is to inform you, that although your child may be attending the session or sessions, your child is not considered to be my client. Accordingly, the tenets of confidentiality and legal privilege do not apply to them. If your child participates in a session or sessions, the information they give will become a part of my client's permanent record, and this cannot be accessed by you unless my client signs a release of information.

These sessions are confidential, and any disclosures will be kept private. There are limitations to confidentiality that, I would like you to be aware of as your child's legal guardian:

#### **USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION**

- **Disclosures for threats to safety:** If your child communicates to me an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable victim(s) and I believe they have the intent and ability to carry out such a threat, I have a duty to take reasonable precautions to prevent the harm from occurring, including hospitalization procedures. I have a duty to warn others of a threat. If I believe there is an imminent risk that your child will inflict serious harm on him/herself, I may disclose information in order to protect them.
- **Child Abuse:** I am required to report PHI to the appropriate authorities when I have reasonable grounds to believe that a minor is or has been the victim of neglect or physical and/or sexual abuse. A report may be made to the appropriate government authorities without seeking authorization.
- **Adult and Domestic Abuse:** If I have the responsibility for the care of an incapacitated or vulnerable adult, I am required to disclose PHI when I have a reasonable basis to believe that occurred. I am required by law to report situations in which I believe elder abuse or neglect has occurred. This report may be made to the appropriate government authorities without seeking authorization.

- **Judicial and Administrative Proceedings, Court Orders, and Subpoenas or Release to Another Party:** In the event of a judicial hearing, subpoena, court order, or release of information from my client, it may become necessary for me to release my client's record to another party. Please be aware that your child's attendance in the session will be documented in this record. Additionally, it is important for you to know that the session topic and relevant issues discussed will be documented as well. This information will become a part of my client's permanent record.
- **Health Oversight Activities:** if the AZ Board of Behavioral Health Examiners is conducting an investigation, then I am required to disclose PHI upon request or receipt of a subpoena from the Board.
- **Workers Compensation:** I may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

I \_\_\_\_\_, give my permission for my children to be in a family therapy session(s) with Ilyssa Swartout, Psy.D., and my spouse/ex-spouse. The children that will be participating in the session(s) are:

\_\_\_\_\_  
Name of child

I understand that I will not have access to the information that is discussed in the family therapy sessions, as I will not be a participant. In order for me to have information pertaining to the family therapy sessions, my spouse/ex-spouse will need to sign a release of information before that information is disclosed by Ilyssa Swartout, Psy.D..

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date