

**Deisy Cristina Boscán, Ph.D., A Professional Corporation**  
**7590 Fay Avenue, Suite 401**  
**La Jolla, CA 92037**  
**Phone: 858-263-4226 Fax: 858-263-4206**

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**ADOLESCENT ASSENT FORM**

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This Assent accompanies the Treatment Consent Agreement between your parent(s)/guardian(s) \_\_\_\_\_ and Deisy C. Boscan PhD, a Professional Corporation, dated \_\_\_\_\_, 20\_\_\_\_, authorizing me to work with you, \_\_\_\_\_ (name) to get help with problems in your life that are bothering you or that are keeping you from being successful in important areas of your life. You may be here because you wanted to talk to a counselor or therapist about these problems, or you may be here because your parent, guardian, doctor or teacher had concerns about you. When we meet, we will discuss these problems. I will ask questions, listen to you and suggest a plan for addressing these problems and improving your life. It is important that you feel comfortable talking to me about the issues that are bothering you. If you do not feel comfortable talking with me, it is helpful for you to talk with me about this, and I can work with you to see if another therapist might be better fit for you.

**WHAT TO EXPECT:**

If you are under 18 years old, please be aware that California law permits your parent(s)/guardian(s) the right to examine your treatment records with your written agreement. There is a place at the end of this Assent for you to sign if you are willing to let your parents have access to your therapy file. If you agree, I will provide your parent(s)/guardian(s) only with general information about your work in treatment. If, however, I think there is a high risk that you will seriously harm yourself or someone else, I can use my own clinical judgment to not release this information, and to notify your parents about that. If possible, before giving your parent(s)/guardian(s) any information, I will discuss the matter with you and do my best to handle any objections you may have with what will be discussed with your parents. At the end of your treatment, upon request from your parent(s)/guardian(s), I will discuss your progress with them and give them a summary of your work with me.

**PRIVACY/CONFIDENTIALITY:**

During therapy, you and I will explore and discuss a variety of topics. Sometimes issues will include things you don't want your parent(s)/guardian(s) to know about. For most patients, knowing that what they say will be kept private helps them feel more comfortable and have more trust in the counselor or therapist. Privacy, also called confidentiality, is an important and necessary part of good counseling.

*As a rule, I will keep the information you share with me in our sessions confidential (between us), unless I have your written consent to talk about certain information.*

However, there are some exceptions that are important for you to understand before you share personal information with me in a therapy session. By the term "exceptions" I

mean there are times when I must talk to your parents about certain things you have told me. In some situations, I am required by law or by the guidelines of my profession to disclose information whether I have your permission. Here are some of those situations, which you need to understand are exceptions to confidentiality:

- If you tell me you plan to cause serious harm or death to yourself and I believe you have the intent and ability to carry out this threat in the very near future, I must take steps to inform a parent or guardian of what you have told me and how serious I believe this threat to be. I must make sure that you are protected from harming yourself.
- If you tell me you plan to cause serious harm or death to someone else who can be identified and I believe that you have the intent and ability to carry out this threat in the very near future, I must inform a law enforcement official, and I must inform the person who you intend to harm. I will then inform your parent or guardian, as well.
- If you are being abused physically, sexually or emotionally, or you have been abused in the past, I am required by law to report the abuse to the California Child Protection Services agency.
- If you are involved in a court case and a request is made of me for information about your counseling or therapy, I will not disclose information without your written agreement, *unless* the court requires me to do so. I will do all I can within the law to protect your confidentiality, and, if I am required to disclose information to the court. I will inform you that this is happening.

#### **COMMUNICATING WITH YOUR PARENT(S) OR GUARDIAN(S):**

Except for situations such as those mentioned above, I will not tell your parent(s) or guardian(s) about specific things you share with me in our private therapy sessions. This includes activities and behavior that your parent(s)/guardian(s) would not approve of – or would be upset by – but that do not put you at risk of serious and immediate harm. However, if your risk-taking behavior becomes more serious, then I will need to use my professional judgment to decide whether you are in serious and immediate danger or being harmed. If I feel that you are in such danger, I will communicate this information to your parent(s)/guardian(s).

If, for example, you tell me that you have tried alcohol at a few parties, I would keep this information confidential. If, on the other hand, you tell me that you drink and drive, or that you have been a passenger in a car with a driver who was drunk, I would not keep that information confidential from your parent(s)/guardian(s). If you tell me, or if I believe, based on things you have told me, that you are addicted to alcohol, I would not keep this information confidential.

Another example would be if you tell me that you are having protected sex with a boyfriend or girlfriend, I would keep that information confidential. If, on the other hand, on several occasions, you have engaged in unprotected sex with people you do not know or in unsafe situations, I will not keep this information confidential. You can always ask me questions about the types of information I would disclose. You can ask in the form of

“hypothetical situations” meaning, for example, you could ask: “If someone told you that they were doing \_\_\_\_\_, would you tell their parents?”

Even if I have agreed to keep information confidential --- to not tell your parent(s)/guardian(s) --- I may believe that it is important for them to know what is going on in your life. In these situations, I will encourage you to tell your parent(s)/guardian(s) and will help you find the best way to tell them. Also, when meeting with your parents, I may sometimes describe problems in general terms, without using specifics, to help them know how to be more helpful to you. You should also know that, by law in California, you and your parent(s)/guardians(s) have the right to see any written records I keep about our sessions with your written permission.

**COMMUNICATING WITH OTHER ADULTS:**

**SCHOOL:** I will not share any information with your school, unless I have your permission and permission from your parent(s)/guardian(s). Sometimes I may request to speak to someone at your school to find out how things are going for you. Also, it may be helpful in some situations for me to give suggestions to your teacher or counselor at school. If I want to contact your school, or if someone at your school wants to contact me, I will discuss it with you and ask for your written permission. A very unlikely situation might come up in which I do not have your permission but both I and your parent(s)/guardian(s) believe that it is very important for me to be able to share certain information with someone at your school. In that situation, I will use my professional judgment to decide whether to share any information. **DOCTORS:** Sometimes your doctor and I may need to work together. For example, if you need to take medication in addition to seeing me, I will get your written permission and permission from your parent(s)/guardian(s) in advance to share information with your doctor. The only time I will share information with your doctor, even if I don’t have your permission, is if you are doing something that puts you at risk for serious and immediate physical/medical harm.

**CONSENT SIGNATURES:**

Signing below indicates that you have reviewed the policies that I been described above, and that you understand the limits of confidentiality. If you have any questions as we progress with therapy, you can ask me at any time.

_____	_____	_____
Adolescent’s Printed Name	Adolescent’s Signature	Date
_____	_____	_____
Responsible Party’s Printed Name	Responsible Party’s Signature	Date
_____	_____	_____
Therapist’s Printed Name	Therapist’s Signature	Date