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## Agreement for Meetings with My Therapist

1,	, aç	gree to meet with	the therapist named belo	ow, time(s) per
week starting on	Our meetings w	/ill last about	minutes. When we m	neet, we may talk, draw
pictures, play games, or do other the	nings to help this the	erapist get to kno	w me better and understa	and my problems,
strengths, and goals.				
I understand that my parent (or parthis therapist may talk with my pare worries they may have about me. (know about. Sometimes this theraptogether.	ent/guardian to disc Or they may talk abo	uss how I am doi out things the the	ng. They may also talk al rapist and I decide my pa	bout concerns and arent/guardian needs to
The things I talk about in my meeti the <i>specific</i> things I tell him or her. probation officers, or agency emplo others what I have said if I talk about who can help protect me or the per therapist has to tell someone for m	He or she will not re byees. But there are ut seriously hurting son I have talked a	epeat these thing two exceptions. myself or someo	s to my parent/guardian, First, because of the law ne else. This therapist wi	my teachers, the police, t, the therapist will tell ill have to tell some-one
I understand that sometimes I may uncomfortable talking to this therap about myself. Some of the things vin-terfere with doing other things I better in the long run. I may find the about. I may learn some new, impoways of handling my feelings or pro-	pist because I don't we talk about may menjoy more. But I als at I will trust this the ortant, and helpful th	yet know him or hake me feel angr so understand tha rapist and can tal nings about myse	ner very well. I may feel of y or sad. Sometimes con at coming to therapy show it about things that I can' If and others. I may learn	embarrassed talking ming to meetings may uld help me feel or act 't talk to anyone else n some new and better
Any time I have questions or am w He or she will try to explain things to questions, the therapist will try to a	to me in ways that I			
I understand that my parent/guardi not helping me and I want to stop, understand that the final decision a	this therapist will dis	scuss my feelings	with me and with my pa	
Our signatures below mean that w	e have read this agr	reement, or have	had it read to us, and ag	ree to act according to it.
Signature of child		Date		_
Signature of parent/guardian		Date		<u>—</u> :
l, the therapist, have discussed the of their behavior and responses give fully competent to give informed ar	ve me no reason, in			
Signature of therapist		Date		_
☐ Copy accepted by client and parent/gu	ardian 🖵 Cor	py kept by therapist		

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.

FORM 11. Contract for psychotherapy with an older child or adolescent. Adapted from a form devised by Glenn W. Humphrey, OFM, PhD, of New York, NY, and used by permission of Dr. Humphrey. From *The Paper Office*. Permission to photocopy this form is granted to purchasers of this book for personal use only (see copyright page for details).