



Copeland Ave. COUNSELING

Helping Build A Better You. ®

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ADOLESCENT AGREEMENT

The following agreement will be set forth to aid both you, as the client, and us, as the therapist, to assist in your treatment here at Copeland Ave. Counseling. This agreement will be treated as a legal document unless otherwise overridden by a court or judge. It is very important to understand that different methods of therapy may be used to help us treat you in the best way possible. Such ways may include talking, drawing pictures, playing games, or doing other things to help us get to know you better and understand your problems/concerns.

We want you to understand that coming to therapy means making a commitment. Coming to meetings may interfere with doing other things you enjoy more, but understand that coming should help you feel better in the long run. There may be some times you may not feel good about some things we talk about in our meetings and you may feel uncomfortable talking to your therapist because you do not know him or her very well yet. You may feel embarrassed talking about yourself and some of the things that we talk about may make you feel angry or sad. One of our goals we hope to achieve is for you to find trust in our therapists enough to be able to talk about things that you can't talk to anyone else about. We hope to offer you some new important and helpful ways to express yourself and your feelings and show you some new and better ways of handling your feelings or problems. We hope that you come to feel less worried or afraid and feel better about yourself.

Please understand that your parent(s) or guardian has a right to know about how you are doing in therapy. We ask that you agree to allowing the therapist to talk with your parent/guardian to discuss how you are doing, their concerns and worries about you, and/or anything that the therapists deems necessary that they need to know about your well-being. There may be times where the therapist will meet with your parent(s) or guardian without you being present and there may also be times where we ask that you all be present for a session. With this being said, please keep in mind that your meetings with the therapists are private...many of the things you talk about in your session will not be told to others unless we have to by law. Some examples of those times include telling us about seriously hurting yourself or someone else, or if you were seriously hurt by anyone. We can discuss any of your concerns about your privacy more in the first meeting.

Understand that your parent/guardian can stop your coming to therapy any time he/she wishes. Additionally, if you decide that therapy is not helping you and want to stop, your therapist will discuss your feelings with you and with you parent/guardian, but the final decision about stopping is up to your parent/guardian. Lastly, at any time that you have questions or are worried about the things that are happening in therapy, please know that you can ask your therapist. He/She will try to explain things to you in a way that you can understand. Also know that if your parent/guardian has any questions, the therapist will try to answer them as well.

By signing your name, you are stating that you have read this agreement in full and agree to enter into a commitment with your therapist. You will try your hardest to work fully with your therapist to help you think, feel, and act in a better way than you are feeling now. Your signature below means that you understand and agree with all of the points above.

Signature of Client

Printed Name

Date

By signing your name, you are stating that you have read this agreement in full and agree to enter into a commitment with the therapist to further better your child. You will try your hardest to work fully with the therapist to help your child think, feel, and act in a better way than they are feeling now. Your signature below means that you understand and agree with all of the points above.

Signature of Parent

Printed Name

Date

Signature of Parent

Printed Name

Date

By signing my name, I am stating that I have gone over this agreement in full with the client and agree to enter into a commitment with them. It is in my professional opinion that their behavior and responses give me no reason to believe that these persons are not fully competent to give informed and willing consent.

Signature of Therapist

Printed Name

Date