



**HIRSCH PEDIATRICS  
COUNSELING SERVICES  
THERAPY CONSENT FORM**

\_\_\_\_\_ **(please initial) OVERVIEW AND LIMITS OF CARE**

- Our goal of therapy is to provide targeted therapy to achieve immediate therapeutic goals on a timeline that is agreed upon by the patient and the therapist.
- Hirsch Pediatrics reserves the right to refer patients to other qualified therapists when the patient requires more frequent sessions or a longer duration of therapy.
- Therapy at Hirsch Pediatrics is only available to current patients of Hirsch Pediatrics.

\_\_\_\_\_ **(please initial) STRUCTURE OF APPOINTMENT**

- Counseling sessions will generally last 45-50 minutes. Please try to arrive promptly since appointments must end on time to accommodate the next scheduled appointment.
- Counseling sessions may include the child and/or parent.

\_\_\_\_\_ **(please initial) TRANSFER OF CARE**

- Hirsch Pediatrics reserves the right to refer patients to other qualified therapists in the following situations:
  - patient or family is not an active or willing participant in the therapy plan
  - patient is actively suicidal or has significant drug abuse
  - divorce with significant parent conflict that is disruptive to the therapeutic relationship
  - other therapy situations where for any reason the therapist is not able to achieve the agreed upon goals

\_\_\_\_\_ **(please initial) CONFIDENTIALITY**

- In managing confidentiality concerns, the counseling staff will follow both the ***Ethical Principles of Psychologists and Code of Conduct*** from the American Psychological Association and **Maryland state law**.
- All mental health appointment interactions with Hirsch Pediatrics, including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential. No record of counseling is contained in any academic, educational, or job placement file. You may request in writing that the counseling staff release specific information about your counseling to persons you designate outside of Hirsch Pediatrics.

\_\_\_\_\_ **(please initial) EXCEPTIONS TO CONFIDENTIALITY**

- The counseling staff works as a team. Your therapist may consult with other counseling staff and staff at Hirsch Pediatrics to provide the best possible care. These consultations are for professional and training purposes.
- If there is evidence of clear and imminent danger of harm to self and/or others, a therapist is legally required to report this information to the authorities responsible for ensuring safety.

- Maryland state law requires that therapists who learn of, or strongly suspect, physical or sexual abuse or neglect of any person under 18 years of age must report this information to county child protection services.
- A court order, issued by a judge, may require that Hirsch Pediatrics release information contained in records and/or require a therapist to testify in a court hearing.

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**I have read and fully understand the above information and can discuss the above information with anyone on the therapy team. I understand the risks and benefits of counseling, the nature and limits of confidentiality, and what is expected of me as a recipient of therapy from Hirsch Pediatrics. I acknowledge that I received HIPAA consent forms as a patient of Hirsch Pediatrics and these forms also apply to therapy services.**

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*Name of Patient(s)*

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*Signature of Parent/Guardian  
(if client is under 18 yrs old)*

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*Signature of Therapist*

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*Signature of Patient (if 16 yrs old or older)*

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*Date*