

Family Therapy Consent Form for Adolescents

This **family therapy consent form** sample for adolescents ensures clear communication of treatment goals, confidentiality, and parental consent requirements. It protects the rights of both the adolescent and their family members during therapeutic sessions. Completing this form helps create a transparent and supportive environment for effective adolescent therapy.

Adolescent Client Information

Name of Adolescent:

Date of Birth:

Address:

Parent/Guardian Information

Name of Parent/Guardian:

Relationship to Adolescent:

Contact Number:

Purpose and Goals of Family Therapy

Family therapy is designed to address issues affecting the adolescent and their family members, improve family communication, develop healthy coping mechanisms, and resolve conflicts in a safe environment.

Confidentiality

- All information shared in sessions will remain confidential between family members and the therapist.
- There are legal exceptions to confidentiality, including disclosure of harm to self or others, or reports of abuse or neglect.
- The therapist will make reasonable efforts to protect each person's privacy, while encouraging open, honest communication within the session.

Consent and Voluntary Participation

Participation in therapy is voluntary. Adolescents and family members have the right to withdraw from therapy at any time. By signing below, you acknowledge understanding of the therapy process, confidentiality limits, and your voluntary participation.

Adolescent Signature:

Date:

Parent/Guardian Signature:

Date:

If you have questions regarding this consent form or the therapy process, please contact your therapist before signing.