

Amy Schullery, Psy.D.
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**Parent/Legal Guardian Agreement for
Children and Adolescents under 18 years of age**

The information herein is in addition to the information contained in the Outpatient Services Agreement, which you will also need to review and sign in order to consent to treatment for your child.

If your child is between the ages of 14-18 then it is important for you to understand my approach to therapy with this age group. Therapy is most effective when a trusting relationship exists between the psychologist and the patient. Privacy is especially important in securing and maintaining that trust. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. By signing this agreement, you will be waiving your right of access to your 14-18 year old child's treatment records. It is my policy to provide you with general information about treatment status. If it is necessary to refer your child to another mental health professional, I will share that information with you. At the end of your child's treatment, I can provide you with information about what progress was made in treatment and what areas may require intervention in the future. If I ever believe that your child is at serious risk of harming him/herself or another, I will inform you. Other limits to confidentiality apply as they do with all clients.

Regardless of your child's age, I need your agreement that my involvement in any family conflicts will be strictly limited to that which will benefit your child. This means, among other things, that you will treat anything that is said in session with me as confidential. In any legal proceedings, you will not ask me to testify in court, whether in person, or by affidavit. You also agree to instruct your attorneys not to subpoena me or to refer in any court filing to anything I have said or done. Note that such agreement may not prevent a judge from requiring my testimony, even though I will work to prevent such an event. If I am required to testify, I am ethically bound not to give my opinion about either parent's custody or visitation suitability. If the court appoints a custody evaluator, guardian ad litem, or parenting coordinator, I will provide information as needed (if appropriate releases are signed or a court order is provided), but I will not make any recommendation about the final decision. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time, including preparation and transportation costs, being in attendance, and any other case-related costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$250 per hour for preparation and attendance at any legal proceeding.

Your signature below indicates that you have read the information in this document and agree to abide by its terms.

Name (printed)

Signature

Name (printed)

Signature

Date:

Child Developmental History

Child's name: _____ Birthdate: _____ Age: _____

Person(s) completing this form: _____ Today's date: _____

Mother's name: _____ Father's name: _____

Parents are currently Married Divorced Remarried Never married Other:

Child's custodian/guardian is: _____

Other members of family living in home:

DEVELOPMENT/MEDICAL

Was the child premature? No Yes.

Any birth complications or problems?

Any medical issues in childhood?

Any delay in meeting milestones as infant/toddler?

List all childhood illnesses, hospitalizations, head injuries or loss of consciousness:

Current medical problems: _____

Medications: _____

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SCHOOL

School/District: _____ Grade: _____

Any problems in the following areas? Please list:

Academics:

Peer group:

Other:

What are your child hobbies, recreational activities, and things your child likes to do:

Child's strengths:

Is there anything else I should know that doesn't appear on this form, but that might be important or that you want me to know about your child?
