

Suzann Lawry, Ph.D.

Licensed Clinical Psychologist

Confidentiality Statement
Minor Clients

FOR PARENTS: I understand what is being said between my daughter/son and Dr. Lawry needs to remain confidential between them in order for therapy to be effective. I understand that if my daughter/son is in danger of hurting themselves or others that Dr. Lawry will inform me. I further understand that issues that Dr. Lawry feels are important for the parents to know, she will encourage my daughter/son to tell me; however, the choice will belong to my daughter/son.

Signature of Parent

What we discuss in therapy is confidential. This means what you say will not be talked about with anyone else. There are three exceptions to this: 1) If you are in danger to yourself or other (e.g. suicidal or homicidal), I will take steps to ensure your safety and the safety of others, 2) If you disclose the identity of a minor who has ever been abused physically, sexually, or mentally, I am legally bound to disclose this information to the Department of Family and Child Services (DFACS), and 3) If your are using some types of insurance, details of your treatment may be required for their internal review.

Signature of Minor Client

Date