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## Adolescent Individual Psychotherapy Agreement

According to New Mexico law, patients 14 years of age or older have the right to consent to and receive individual psychotherapy, and information about that treatment cannot be disclosed to *anyone* without the adolescent's permission. Since both parental involvement and building a safe, trusting relationship with an adolescent in therapy are important, my policy is to request an agreement between a minor patient between the ages of 14 through 17 years and his/her parent(s) before therapy begins.

By signing below, you are agreeing that I can speak with your parent(s) about your medical diagnosis and insurance/payment related information, as well as general information about your treatment progress, your attendance at scheduled sessions, and our decision to discontinue therapy. If additional information is desired by your parent(s), or if I believe that their perspective is important to our work, we will ask them to attend a therapy session with you present. If I am concerned that you are in danger or are a danger to someone else, I will notify your parent(s) of my concern. Before giving your parent(s) any information, I will discuss the matter with you, if possible. I then will offer to help your parent(s) develop a reasonable response for the potentially dangerous situation, preferably with you present during the conversation.

**I have reviewed, understand, and agree to Dr. Moore's policy on providing individual therapy for adolescents.**

Adolescent (print name): \_\_\_\_\_

Adolescent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (print name): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (print name): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_