

LIGHT OF HOPE COUNSELING SERVICES, INC

Kiana Kalaghichian, LCSW

Business Address: 108 Orange Street, Suite 8, Redlands, CA 92373

1128 E. Sixth Ave, Suite 8, Corona, CA 92879

Phone: (951) 288-9086

Fax: (909) 363-8020

Adolescent/Child Therapy Information

What to expect from Therapy:

You can expect that I will do my best to understand your concerns. I will listen non-judgmentally and provide an opportunity for you to learn more about yourself and hopefully together we will find better solutions to the challenges in your life. You can expect that what we discuss will be kept private.

Limits of Confidentiality:

1. You tell me that you plan to hurt yourself or someone else.
2. You tell me that you, another minor or other vulnerable adults are being abused physically, sexually, or emotionally, or that you have been abused in the past.
3. You are involved in a Court case and a request is made for information about your counseling or your therapy.
4. You tell me that you are or have engaged in a sexual relationship with someone who is significantly older than you. In most cases I would be required by law to report this to Child Protective Services and Law Enforcement.

What to expect about my communications with your parent/guardian: what you say in therapy, I will keep the specifics of what you share with me private.

There are few exceptions in sharing information with your parents/guardian:

1. If I learn that you are involved in risk-taking behavior that becomes serious, then I will need to use my professional judgment to decide whether I must inform your parent/guardian, or we will discuss how to share this with your parent(s) together. Even though I am committed to keeping your information confidential, I may believe that it is important for your parent/guardian to know what is going on in your life. We will work together to find the best way to discuss these things with your parent(s).

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2. When meeting with your parents, I will discuss challenges and progress that you have made in counseling. I will talk about themes rather than specifics. The purpose of meeting with your parent(s) is to support our work together and to facilitate improved family relationships.

What I expect from you:

1. You agree to attend therapy sessions as scheduled and participate to the best of your ability.
2. You agree to participate in goal setting and take an active role in making positive life changes.
3. You agree to talk with me if you have thoughts or feelings about harming yourself or someone else.

What I expect from your Parent/Guardian:

1. You agree to support your child's treatment by doing your best to arrange for regular attendance.
2. You agree to make yourself available for parenting consultations and/or family meetings as requested by your child or his/her counselor.
3. You agree to be supportive of the counseling process.

Therapist Signature: _____ **Date:** _____

Minor's Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____