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I agree to have therapeutic services provided by Jacqueline L. Berg, MA, LMFT, to my minor child,

_____.

I understand that the purpose of treatment is to promote and foster the child's/children's mental health and well-being, and may include addressing issues within our family. I understand that counseling will be guided by our child/children's best interests.

I acknowledge that children have a confidential relationship with Jacqueline L. Berg per NH RSA 330-A:32 Privileged Communications.

As a parent, I understand that I have the right to information concerning my minor child in therapy except where otherwise stated by law. I also understand that Jacqueline L. Berg also believes that providing a private environment in which to disclose himself/herself to a minor child can facilitate therapy. I, therefore, give permission to Jacqueline L. Berg to use her discretion in accordance with professional ethics and state law in deciding what information revealed by my child is to be shared with me, even as to our own parental inquiries and requests for information.

Examples of areas in which a minor child has a right to confidentiality granted by law are:

- **A minor 14 years of age or older may be diagnosed and treated for a sexually transmitted disease without the knowledge or consent of an adult (NH RSA 141-C:18).**
- **The alcohol and/or drug treatment records of a minor, who is 12 years of age or older, are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and cannot be disclosed without written consent unless otherwise provided for in the regulations. The minor may revoke his/her consent at any time except to the extent that action has already been taken as a result of the consent for release of information.**

I understand that any discussion with me about my child, by Jacqueline L. Berg, is not a waiver of my child's rights of privacy, confidentiality or privilege; and will not give me access to other information regarding my child's treatment with Jacqueline L. Berg.

 Client's Signature

 Date

 Legal Guardian Signature

 Date

 Witness Signature

 Date