

Barbara Carr-Goodman, LCSW, ACSW
Counseling for Health and Wellness



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PARENTAL WAIVER OF RIGHT TO CHILD’S RECORDS

For an adolescent to be successful in counseling, trust and a right to privacy are critical. The therapeutic relationship depends on creating a confidential space, where the adolescent client feels comfortable sharing her thoughts, feelings, and behaviors with the therapist. In order to protect this relationship and the counseling process, it is important that parents and guardians not have access to the information shared during therapy without the consent of their child. Note that even if the therapist agrees to keep information confidential, she may believe it is important for the parent(s)/guardian(s) to know what is going on with their child and will encourage the adolescent client to share information their parent(s)/guardian(s). When the therapist believes that the adolescent client is at risk for harming herself or others, the therapist will notify the parent(s)/guardian(s) and any other necessary professionals as required by law.

I hereby waive my right as parent/guardian to obtain information from and copies of any records from Barbara Carr-Goodman, LCSW, ACSW, pertaining to the assessment, evaluation, and treatment of the following child: _____.

I understand that Barbara Carr-Goodman, LCSW, ACSW, may refuse to provide me, or any third party acting upon my request or authorization, with information and/or records pertaining to this child’s mental health evaluation and treatment, if disclosure *in the opinion of the child’s therapist* would negatively impact the child or the child’s evaluation and treatment. I hereby release Barbara Carr-Goodman, LCSW, ACSW, from any and all liability for good-faith refusal to disclose the child’s information or records.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date