

# **NEWPORT PSYCHOTHERAPY**

**CINDY MAY, Ph.D.**

**Licensed Clinical Psychologist**

**PSY 24260**

1101 Dove Street, Ste 155

Newport Beach, CA 92660

## **ADOLESCENT ASSENT FORM**

### Understanding Therapy and your Agreement to Participate

The success of therapy depends on a high degree of trust between you and your therapist. Please review this document to get a better understanding of what to expect from therapy and from your therapist.

#### What to expect:

The purpose of meeting with a therapist is to get help with problems in your life that are bothering you or that are keeping you from being successful in important areas of your life. You may be here because you wanted to talk to a therapist about these problems. Or, you may be here because someone has concerns about you. When we meet, I will ask questions, listen to you, try to understand more about you and we will work together to grow and learn about you. The relationship between you and your therapist is unique as you will probably share information with me that you do not typically share with others. It is not your therapist's place to make judgment or give advice. Rather the therapist's role is to be a guide and support for you in the decisions that seem right for you.

#### Patient's rights:

You have the right to:

- 1) Be honest with your therapist about your feelings, not only about others, but also about your therapist. It is okay to ask for what you need, and express any fears, anger or annoyances that your therapist may trigger in you.
- 2) Question whether or not you want to continue with therapy – just let your therapist and your parent(s) know.
- 3) Ask questions at any time. Your therapist might have an idea of how to help, and you have a right to understand her process.

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Communicating with your parents and other adults:

As a general rule, I do not talk to your parents about what we discuss in therapy without your permission.

However in specific situations such as the ones listed below, I will need to use my professional judgment to decide whether a parent or guardian should be informed

- o Excessive or frequent drug and alcohol use
- o Depending on your age, there are some specific sexual acts that must be reported, even if the act is consensual
- o Putting another minor in a dangerous situation
- o Pranks that intentionally or unintentionally cause harm.

From time to time, I might meet with your parents for me to inform them on how you are doing in therapy. You are welcome to be involved in this meeting, or I can meet with your parent(s) alone. When meeting with your parent(s), I usually describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you. Even if I have agreed to keep what you say private, there may come a time when I believe that it is important for them to know what is going on in your life. In these situations, I will encourage you to tell your parent(s) and I will help you find the best way to tell them. I will not share any information with your school, medical doctors, other family members or friends without your permission and permission from your parents. Sometimes I may request to speak to someone outside of the family to find out how things are going for you. Also, it may be helpful for me to give suggestions. A very unlikely situation might come up if I do not have your permission but both I and your parent(s) believe that it is very important for me to be able to share certain information with someone. In this situation, I will use my professional judgment to decide whether to share any information.

## Consent for Treatment of Minor/Child Assent Form

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**Licensed Clinical Psychologist**  
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This is an authorization for Cindy May, Ph.D., to provide treatment to my child,

\_\_\_\_\_ (name). By signing this

Consent for Treatment, I certify that I legally have custody or joint custody of my

son or daughter and, thus, can legally consent for treatment of my child.

---

Parent/Guardian Signature

Date

Child Assent Form

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I understand that my parent or guardian may consent for my treatment; however, I have also been asked to give my assent for my own treatment. By signing below, I realize that Cindy May, Ph.D. has elicited my own assent for treatment.

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Child's name

Birth date