

Jenna M. Prey, M.A., LPC
CONFIDENTIALITY AGREEMENT

I, _____ , being the father/mother of

_____, do consent to Jenna Prey, MA to perform clinical therapy with my child/adolescent. I agree that my son/daughter should be able to talk freely in counseling without concern over his/her conversation being revealed to anyone. I understand, that in order to be successful in counseling, it is necessary for the patient to feel that his/her relationship in the counseling will be totally confidential.

I further agree that knowing this, I will not be entitled to any information discussed in the counseling unless my son/daughter gives his/her consent. In keeping with this desire to maintain confidentiality, I agree that Jenna Prey shall not be called as a witness in any case involving the parent or the child. The counselor will not be required at any time to reveal the confidences of the child/adolescent unless he/she agrees in writing.

The only exception to this agreement of confidentiality is in the areas of illegal conduct, child abuse, or activities which involve danger to the child or another person.

I am entering into this agreement voluntarily and in the best interest of my child/adolescent.

Parent of Child

Child/Adolescent's Name