



LIFE MANAGEMENT ASSOCIATES, LLC

INFORMED CONSENT FOR GUARDIAN AD LITEM SERVICES

PARENT NAME _____, DOB: / /

MINOR CHILD/CHILDREN'S NAME(S) AND DATE(S) OF BIRTH:

Welcome to Life Management Associates, LLC. We are pleased that you selected this practice for your Guardian ad litem services, and we're sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from us, policies regarding confidentiality, emergencies, and several other details regarding your GAL treatment here at Life Management Associates, LLC. Although providing this document is part of an ethical obligation to our profession, more importantly, it is part of our commitment to you, to keep you fully informed of every part of your GAL experience. Please know that your relationship with us is a collaborative one, and we welcome any questions, comments, or suggestions regarding your course of Guardian ad litem services at any time.

BENEFITS & RISKS OF GAL SERVICES

Participation in GAL services can result in many benefits to you, including improved interpersonal relationships and resolution of the specific concerns that led you to seek GAL services. Working toward these benefits requires effort on your part. GAL services requires your active involvement, honesty, and openness to change your thoughts, feelings, and/or behavior. We will ask for your feedback and views on your GAL services and its progress. Sometimes more than one approach can be helpful.

During the initial evaluation or the course of GAL services, remembering unpleasant events, feelings, or thoughts may result in your experiencing considerable discomfort, strong feelings, anxiety, depression, insomnia, etc. We may challenge some of your assumptions or perceptions or propose different ways of thinking about or handling situations that may cause you to feel upset, angry, or disappointed. Attempting to resolve issues that brought you into GAL services may result in changes that were not originally intended. GAL services may result in decisions to change behaviors, employment, substance use, schooling, housing, or relationships. Change can sometimes be quick and easy, but more often it can be gradual and even frustrating. There is no guarantee that GAL services will yield positive or intended results that you may be looking for at this time. Guardian ad litem services are specifically directed toward "The Best Interest of the Minor Child/Children"!

DUAL RELATIONSHIPS

Guardian ad litem services never involve sexual, business, or any other dual relationships that could impair our objectivity, clinical judgment or GAL effectiveness or could be exploitive in nature. It is possible that during your treatment, we may become aware of other preexisting relationships that may affect our work together, and we will do our best to resolve these situations ethically, but this may entail our needing to stop working together, depending upon the type of conflict. Please discuss this with us if you have questions or concerns.

600 Dewey Blvd., Suite B, • Butte, MT 59701 & 302 Missouri Ave., • Deer Lodge, MT 59722

Phone: 406-782-4778 • Fax: 406-782-1318

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Please initial that you have read this page (for couples, two sets of initials are required) _____



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CONFIDENTIALITY & RECORDS

As a Guardian ad litem services client, you do not have privileged communication. This means that your relationship with us as a Guardian ad litem client means that information you provide to the Guardian ad litem may likely be documented in the final report and recommendations to the court. This is quite different than one might expect in a relationship with a counselor where all information can be considered protected unless court ordered. The Guardian ad litem is required to report to the court all relevant information that may or may not influence decisions related to the minor child/children.

When Disclosure Is Required by Law: and as a Licensed Clinical Professional Counselor and a Licensed Marriage and Family Therapist, I am a mandatory reporter, therefore, Disclosure is required when there is a reasonable suspicion of child, dependent adult, or elder maltreatment (abuse or neglect), when a GAL client presents a danger to self or to others, or is gravely disabled. If a judge issues a court order for GAL services records and/or my testimony, I will be required by law to disclose this information.

Emergencies: If there is an emergency during our work together in which we become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving psychiatric care, we will do whatever we can within the limits of the law to prevent you from injuring yourself or another and to ensure that you receive appropriate medical care. For this purpose, we may contact the Emergency Contact whose name and information you have provided on your Client Questionnaire.

Confidentiality of E-mail, Voice Mail, and Fax Communication: E-mail, voice mail, and fax communication can be accessed by unauthorized people, compromising the privacy and confidentiality of such communication. LMA cannot guarantee confidentiality of e-mail, voice mail, and fax communication. If you choose to communicate confidential information with LMA via e-mail, voice mail, and fax communication, LMA will assume that you have made an informed decision and LMA will view it as your agreement to take the risk that e-mail, voice mail, and fax communication may be intercepted.

TECHNOLOGY STATEMENT

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to us that we maintain your confidentiality, respect boundaries, and ascertain that your relationship with us remains professional. Therefore, Life Management Associates, LLC has developed the following policies:

Cell phones: It is important for you to know that cell phones may not be completely secure and confidential. However, we realize that most people have and utilize a cell phone. Your GAL may also use a cell phone to contact you. If this is a concern for any reason, please feel free to discuss this with your GAL.

Electronic Communications (Email & Text Messages): We cannot ensure the confidentiality of any form of communication through electronic media, including text messages. You are also advised that any email sent to us via computer in a work-place environment is legally accessible by an employer. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, we will do so. While we may try to return messages in a timely manner, we cannot guarantee immediate response and request that you do not use these methods of communication to discuss GAL content and/or request assistance for emergencies.

In summary, technology is constantly changing, and there are implications to all the above that we may not realize now. Please feel free to ask questions and know that we are open to any feelings or thoughts you have about these and other modalities of communication.

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We are requesting and consenting to the following services:

☐ GAL, guardian ad litem services

If you have any questions about any part of this document, please ask. Please sign and date below indicating that you have read and understand the contents of this form, that you agree to the policies of your relationship with us, and that you consent to the GAL services of Life Management Associates, LLC.

Client Signature

____/____/____
Date

Parent/Legal Guardian Signature mandatory if client is a minor

____/____/____
Date

Sincerely,

Jeffrey A. Watson, M.Ed., LCPC, LMFT, NCC
Guardian ad litem

Licensed Clinical Professional Counselor
Licensed Marriage and Family Therapist
National Certified Counselor

Clinical Fellow, American Association for Marriage and Family Therapy
Fellow, American Psychotherapy Association

____/____/____
Date

I acknowledge the receipt of Life Management Associates, LLC Notice of Privacy Practices. I understand that this notice may be made available to me on Life Management Associates, LLC website, but that I may always request a printed copy if I am unable to access it.

Client Signature

____/____/____
Date

Parent/Legal Guardian Signature mandatory if client is a minor

____/____/____
Date

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