Katya Kosarenko, LCSW 24870, owner
ADVANCE, A LICENSED CLINICAL SOCIAL WORKER CORPORATION

CONSENT AGREEMENT FOR THE USE OF NON-SEXUAL TOUCH IN PSYCHOTHERAPY (MINORS)

Child Client's Name: ____ **DOB:** ______________

Being a client of a therapist, who practices Movement Psychotherapy and Sensorimotor Psychotherapy, can result in a number of benefits to our child. Both of these forms of psychotherapy are body-oriented talk therapies and involve use of non-sexual touch in the context of psychotherapy practice.

The use of physical touch, both the therapist's touch and your child's own self-touch, has the capacity to bring important information from the body to your child's awareness. Sharing and processing such experiences with the therapist, as they arise, may be a helpful adjunct to your child's therapy. Because there are risks as well as benefits involved in the use of non-sexual therapeutic touch, you may want to request a more comprehensive explanation of the purpose, benefits and risks associated with the therapeutic touch. The therapist will provide an opportunity for your child to ask any questions, including how use of touch may be useful in therapy at this time.

The psychotherapist will ask your child's permission before initiating touch and your child always have the right to decline or refuse to be touched without any fear of adverse consequences or concern about retaliation.

We acknowledge and agree as follows:

We have read and we understand the foregoing. In light of this information, we agree:

1) that the therapist may use such appropriate touch techniques as described above for therapeutic purposes in the course of our child's psychotherapy, provided that our child gives permission orally the therapist prior to the use of touch
2) We will notify the therapist if we do not wish to continue the use of touch
3) We will ask any questions of the therapist concerning the use of touch at any time doing the course of our child's therapy.

Parent/Guardian's Signature: ____ Date: _____________

Parent/Guardian's Signature: ____ Date: _____________

Received: ADVANCE, A LICENSED CLINICAL SOCIAL WORKER CORPORATION Date: ________________

by:

Therapist's signature: ____

Katya Kosarenko, LCSW

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