A psychologist was treating an adolescent who lived in a state where parents had to consent for treatment and controlled confidentiality. As was her usual informed consent procedure, the psychologist made an agreement regarding confidentiality with both the parents and the adolescent present, noting that she would protect the privacy of the adolescent's communications in therapy but would inform parents if the adolescent acted in a manner that threatened her life or safety. The psychologist also noted that these decisions concerning what constitutes a threat to safety can sometimes be ambiguous and that the parents would need to trust the psychologist about when that line was crossed and the parents needed to be notified. "For example," the psychologist stated, "I may learn that your daughter is using drugs or having sex. I may or may not disclose that to you depending on my perception of the risk involved and whether it is a one-time slip or a pattern."

Over the course of treatment the girl disclosed an increasingly disturbed pattern of "hooking up" with men she met over the Internet. The psychologist urged her to refrain from this behavior, which she promised to do. But, over the months, she had difficulty adhering to her promise during periods of stress. The psychologist then reminded the girl of their original agreement that she had the option of informing her parents of behavior that threatened her life or safety. After considerable discussion, the psychologist told the girl that she had to develop a safety plan that included using her parents as a resource to curtail this behavior.

The psychologist listened to the girl's objections and insisted that she understand the concerns for her safety, and they negotiated the process by which the parents were to be informed. (3.3.4)

This psychologist accurately saw informed consent at the higher levels of Bloom's taxonomy whereby it was incorporated into her overall treatment process and relationship. In this case, the informed consent process involved the parents as well as the identified patient. The parents gave their consent for treatment based on the premise that the psychologist would take appropriate action in the event the life or safety of their daughter was at stake. For her part, the risks to the daughter were high enough that she needed external controls to protect her from impulsive actions.

The difficulty for the psychologist in this example would become apparent if the psychologist had decided not to inform the parents of this potentially dangerous behavior by the patient and the patient hooked up with an individual who seriously physically harmed the patient. This was an extremely difficult decision to make, and all relevant factors of the RM formula had to be taken into consideration in order to provide for the welfare of the patient.

No one format for these agreements of confidentiality is appropriate for