

### Consent to Treat Minor

Minor Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, CA Zip: \_\_\_\_\_

#### Responsible Party for Minor Client

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

City: \_\_\_\_\_, CA, Zip: \_\_\_\_\_

I have written this agreement to acquaint you, the minor's parent or guardian, with the basic terms and conditions that promote a successful therapy experience for your child (the minor client).

Participating in therapy can help your child (the minor client) learn new and important helpful things about himself/herself and others as well as new and better ways of handling feelings or problems. While there are no guarantees, coming to therapy should help your child feel and do better.

You will know that therapy is working when your child feels less worried, afraid or anxious; problems are being resolved; relationships are improving or he/she is feeling better. Sometimes your child may feel worse before feeling better. This is part of the therapeutic process and usually indicates progress.

\_\_\_\_\_, parent or guardian of \_\_\_\_\_, the minor client, gives permission for the therapist, Linda Carlos, M.A., MFT, to provide individual therapy to minor client beginning \_\_\_\_\_.

The therapist will work at times: \_\_\_\_\_ solely with minor client; \_\_\_\_\_ with the parent or guardian and the minor client; \_\_\_\_\_ solely with parent or guardian; \_\_\_\_\_ (other) \_\_\_\_\_.

#### Appointments and Fees

Therapy sessions consist of a 50 minute hour, though sessions involving EMDR may be longer. In order to be effective, therapy needs to take place on a regular basis. The best results occur when appointments are consistently scheduled and the minor client maintains regular attendance.

My fee is \$160 per 50 minute session. EMDR sessions are \$180 for a 50 min. session. Payment for my professional services is due in full at the time services are provided. Special pricing information is available on my webpage: <https://creeksidetherapists.com/linda-e-carlos-m-a-mft/>

If you, the parent or guardian, encounters a problem with payment of fees, please discuss it with me, the therapist, immediately. **Contacting the Therapist**

Between therapy appointments, you can contact me by telephone, leaving a message on my confidential voice mail and waiting for a return call from me. **(916) 685-5258, voice mail #11**

You may also text me regarding scheduling at **916-879-5896**.

In case of a life-threatening emergency, you should call **911 or the Sutter Center for Psychology Help Line at (916) 386-3077**.

**Confidentiality**

All information disclosed within the minor client’s therapy sessions remains, in general, confidential and under some circumstances, privileged. No confidential information will be revealed to anyone not present in therapy without the written permission of the minor client or the parent or guardian unless there is an applicable legal or ethical exception.

No privileged information shall be disclosed except by written waiver of privilege given by the parent or guardian. However, the therapist is required by law to report any suspected child, elder or dependent adult abuse and situations where the client threatens violence to an identifiable victim. The law also permits the therapist to break confidentiality when the minor client presents a danger of violence to others or is likely to harm himself/herself unless protective measures are taken. In addition, disclosures may be required in certain legal proceedings and actions.

When a minor client is in individual therapy, you, the parent or guardian, has the right to ask for information about the minor client’s therapy, and I, the therapist, acting in the best interest of the minor client, have the right to limit the information disclosed.

All questions regarding confidentiality, the release of information and waiver of privilege, etc. need to be brought up with the therapist.

**Other Provisions**

The parent or guardian’s financial relationship with the therapist continues as long as the therapist is providing professional services until the parent or guardian informs the therapist that the parent or guardian wishes to terminate the minor client’s therapy, or the therapist notifies the parent or guardian that therapy is being terminated.

The parent or guardian agrees that the minor client will meet with the therapist at least once before stopping therapy. The parent or guardian agrees to pay for all services provided up until the time the therapy relationship is terminated.

I have read and understand all the terms and conditions stated above regarding therapy with the minor client. All my questions have been answered fully. I understand and agree to the terms and conditions of this agreement.

Date	Signature of Parent or Guardian	Printed Name
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Date	Signature of Minor	Printed Name
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I have discussed the above issues with the parent or guardian. My observations of this person’s behavior and responses give me no reason to believe that he/she is not fully competent to give informed and willing consent to the minor client’s treatment.

Date	Signature of Therapist	Printed Name
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