



## Consent to Treat Minor

This agreement has been written 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). Please read it carefully and do not hesitate to ask any questions.

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.

### Confidentiality

Any information that you or the minor client shares with me will be held in the strictest confidence, including the fact that you are a client at Community Counseling Services. When a minor client is involved in individual therapy, the parent or guardian has the right to ask for information about the minor client's therapy, and the therapist, acting in the best interest of the minor client, has the right to limit information disclosed.

The following are the only exceptions to the above mentioned confidentiality:

1. If I have a reasonable suspicion that the minor is a danger to him/herself. I will do what is necessary to attempt the prevention of a tragedy (such as admitting him/her to a hospital or choosing another intervention to insure his/her safety.)
2. If I have a reasonable suspicion that the minor is a danger to another person, I have a legal obligation to either warn that person and others who may be affected, or I may need to call the police.
3. If I have a reasonable suspicion that the minor is a victim of abuse, I have a legal obligation to call Child Protective Services or the police.
4. If I receive a court order to release records, I will always consult you and your attorney prior to any release of information.

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

### Therapist Status

I am a:

- Licensed Marriage, Family & Child Therapist.
- Registered Marriage, Family & Child Therapist Intern. This means I am not licensed; however, I am supervised by a licensed Marriage, Family & Child Therapist.
- Marriage, Family & Child Therapist Trainee. This means I am not licensed; however, I am supervised by a licensed Marriage, Family & Child Therapist.

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I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_,  
the minor client, gives permission for the therapist, Dezaree Finch,  
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) \_\_\_\_\_.

### **Fees & Cancellation**

The fee is \$50 per 50-minute clinical hour. Sessions start at the time we agree and end 50 minutes later. Please help me maintain time limits, and use your time wisely. If you must cancel a scheduled appointment, please notify me at least 24 hours in advance, so I can make appropriate schedule changes. The regular fee will be charged if a scheduled appointment is missed or cancelled less than 24 hours prior to the appointment.

You are free to terminate at any time. It will be beneficial to discuss termination together so we will have adequate time to prepare for it.

### **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
_____	_____	_____
Date	Signature of Minor	Printed Name

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.

_____	_____	<u>Dezaree Finch</u>
Date	Signature of Therapist	Printed Name

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