

Agreement for Psychotherapy with a Minor

I, _____, the parent/legal guardian of the minor, _____, give my permission for this minor to receive the following services:

for the purpose of:

These services are to be provided by Cathy Callans, MA, LMHCA, or Sarah Swenson, MA, LMHCA.

The fees for these services will be \$ _____ per session of service, payable to *St. Louise Parish*. Payment is due at the time services are provided.

Office policies concerning missed appointments have been explained to me. I have been told about the risks and benefits of receiving these services and the risks and benefits of *not* receiving these services, for both this minor and his or her family.

HIPAA guidelines and the ethics of the therapist's professional organization, The American Psychological Association, will be followed for confidentiality and ethical standards.

I am the legal custodian of this child, and there are no court orders in effect that would prohibit me from consenting to the treatment of this child.

My signature below means that I understand and agree with all of the points above.

Signature of parent/guardian

Date

I, the therapist, have discussed the issues above with the minor client's parent or guardian. My observations of this person's behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent to the minor client's treatment.

Signature of therapist

Date

_ Copy accepted by parent/guardian

_ Copy kept by therapist

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.