UNITY FCI THERAPY SERVICES LLC

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/procedures/treatments/assessments:

1. _____
2. _____
3. _____

These are for the purpose(s) of:

1. _____
2. _____
3. _____

These services are to be provided by the therapist named above, or by another professional as the therapist sees fit. The fees for these services will be $ _____ per session of service, or $ _____ for the full services.

This therapist's 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.

I agree that this professional may also interview, assess, or treat these other persons:

1. _____ 2. _____
3. _____ 4. _____

Because of the laws of this state and the guidelines of the therapist's profession, these rules concerning privacy will be used:

1. _____
2. _____
3. _____

A report or reports concerning the therapist's findings will be available after this date: _____ . Progress in this minor's treatment will be reviewed on or about this date: _____and on a regular basis after that.

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

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