

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, or by another professional as the therapist sees fit. The fees for these services will be \$_____ per hour of service or \$_____ for the full service.

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. _____

Progress in this minor's treatment will be reviewed on a regular basis.

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.

Signature of Therapist

Date