Print Form

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AGREEMENT FOR SERVICE/ INFORMED CONSENT FOR MINORS

This agreement has been created for the purpose of outlining the terms and conditions of services to be provided by Samantha Wakach, LCSW for the minor child _____(herein "Client") and is intended to provide (name of parents(s)/legal guardian(s)) _____ _____ with important information regarding practices, policies and procedures of Samantha Wakach, LCSW (herein "Therapist"), and to clarify the terms of the professional therapeutic relationship between Therapist and Client.

Psychotherapy is a process that involves the Therapist, the Client, and sometimes other family members as well. During the process, a myriad of issues, events, experiences and memories are explored for the purpose of creating positive change so Client can experience life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties client may be experiencing. Psychotherapy is a joint effort between the Client and Therapist. A minor client will benefit most from psychotherapy when his/her parents, guardians or other caregivers are supportive of the therapeutic process.

- Benefits and Risks of Therapy. Since therapy often involves discussing unpleasant aspects of Client's life, the Client may experience uncomfortable feelings. However, psychotherapy has been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There is no guarantee that your child will experience any or all of these benefits. Please feel free to address any concerns you have about your child's treatment with me.

- Confidentiality. The information disclosed by Client is generally confidential and will not be released to any third party without written authorization from Client, except where required or permitted by law. EXCEPTIONS TO CONFIDENTIALITY, include, but are not limited to:
    a. Reporting child, elder, and dependent adult abuse;
    b. When a Client makes a serious threat of violence towards a reasonably identifiable victim;
    c. When Client is dangerous to him/herself or the person or property of another.

- Please understand that Psychotherapy can only be effective if there is a trusting, confidential relationship between the Therapist and Client. Although parent(s)/legal guardian(s) can expect to be kept up to date as to your child's progress in therapy, you will

not be privy to detailed discussions between your child and Therapist. However, parent(s)/legal guardian(s) can expect to be informed of any serious concerns Therapist might have regarding the safety and well being of your child, including suicidality.

- Therapist Availability. I have a voice mail that allows Client or his/her parent(s)/legal guardian(s) to leave a message anytime. I will make every effort to return calls by the next business day but cannot guarantee the calls will be returned immediately. I am unable to provide 24-hour crisis services. If you feel that your child is unsafe, or requires immediate psychiatric assistance, call 911 or bring your child to the nearest emergency room.

- Fee and Fee Arrangements. Parent(s)/legal guardian(s) are held responsible payment of therapeutic services. The agreed upon payment is _____per 50-minute session. Payment is due each session and Therapist accepts cash and checks.

- Cancellation Policy. If you are unable to keep an appointment, please cancel as soon as possible. If this is done at least 24 hours in advance of the appointment time, there will be no charge for the cancellation. The parent(s)/legal guardian(s) is responsible for payment of my usual and customary fee of $ _____ any missed session(s) for which at least 24 hours notice of cancellation is not given. Cancellations can be left on my voice mail 24 hours a day.

- Patient Litigation. Please be aware that I do not voluntarily participate in legal activities, litigation, custody evaluations, or custody disputes relating to Client or their families. I do not make recommendations regarding custody or visitation. I have a policy of not communicating with legal counsel and will not generally write letters or reports, or sign declarations, affidavits or other legal documents. I will not provide testimony or records unless I am ordered to do so by a court of law. Should Therapist be subpoenaed, or ordered by court of law, to appear as a witness in action involving Client, parent(s)/legal guardian(s) agrees to reimburse Therapist for any time spent for preparation, travel, or other time in which Therapist has made herself available for such an appearance. Because of the complications and difficulties of legal involvement, I charge $ 200.00 per hour for communication with any legal entity, or attendance and participation in any legal proceeding.

- Termination of Therapy. You, as your child's parent(s)/legal guardian(s), or I as the Therapist, can terminate treatment at any time. Treatment may be terminated due to (but not limited to): excessive no shows or cancellations; lack of payment; if adequate progress is not being made; or if your child's needs are outside of the scope of my competence or practice. Upon either party's decision to terminate therapy, I will generally recommend that Client participate in at least one, or possibly more, termination session intended to facilitate a positive termination experience. I will make reasonable attempts to provide you with referrals to other providers should it become necessary to terminate your child's treatment.

ACKNOWLEDGEMENT

Your signature below indicates that you have read and fully understand this Agreement, agree its terms and conditions and consent to participate in psychotherapy with Therapist. Moreover, parent(s)/legal guardian(s) agree to hold Therapist free and harmless from any claims, demands or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

_____
Client Name (please print)

_____ _____
Signature of Client (if Client is 12 or older) Date

_____ _____
Signature of Parent/Legal Guardian (and relationship to client) Date

_____ _____
Signature of Parent/Legal Guardian (and relationship to client) Date