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Agreement for Psychotherapy with a Minor

I/We, _____, the parent(s)/legal guardian(s) of the minor, _____,

give permission for this minor to receive the following:

- () Psychotherapy including parent conferences and, or family treatment
- () Psychological assessment, including report writing
- () Consultation, treatment planning, or conferences with other providers (e.g. teachers, physicians).
- () Other: _____

We are aware that Kelley Gin, PsyD **will not** provide any forensic evaluations or recommendations of any kind regarding visitation or disputed arrangements between parents.

We are aware that all information between a clinician and a client is strictly confidential. However, there are exceptions to confidentiality that include: 1) authorized releases of information with my signature; 2) my therapist is ordered by a court to release information; 3) a client presents a physical danger to self or others; 4) child or elder abuse/neglect is suspected. In these latter two cases, my child's therapist is required by law to inform legal authorities so that protective measures can be taken. If this becomes necessary my child's therapist will make every effort to discuss this with us prior to making the report.

I/We agree to pay this therapist's fee of \$ _____ per session for these services. I/We agree to pay at each session, unless other arrangements are agreed upon such as monthly billing. I/We agree to pay for un-cancelled appointments or those where I/we fail to give advance notice (24 hours) that I/we/my child will not attend. The only exceptions are unforeseen or unavoidable situations arising suddenly. I/we understand and accept that I am/we are fully responsible for this fee, but that my child's therapist will assist me/us in getting payments from any insurance coverage I or we have. I/we understand that this agreement will become part of my child's record of treatment.

This therapist's office policies concerning missed appointments have been explained to us.

I am/ We are the legal custodian(s) of this child, and there are no court orders in effect that would prohibit consent to the treatment of this child.

My/Our signatures 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. Rediscovery or transfer is expressly prohibited by law.