

Mindful Healing and Behavioral Solutions LLC

The Road Home to Mental Well Being

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Mental Health Therapist
36 Washington Square
Washington CH, OH 43160 www.MindfulHealingServices.com

Agreement for Psychotherapy with a Minor

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1	l,	, the parent/legal guardian of the minor,, give my permis
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 see. It. 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. 2. 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 parend/guardian Date 1, the therapist, have discussed the issues above with the minor client's parent or guardian. My observations of this errson's behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully ompetent to give informed and willing consent to the minor client's treatment. Signature of therapist Date Copy accepted by parend/guardian Copy kept by therapist	210	
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This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.		
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FORM 10. Contract with parent/guardian for psychotherapy with a minor. From *The Paper Office*. Copyright 2008 by Edward L. Zuckerman. Permission to photocopy this form is granted to purchasers of this book for personal use only (see copyright page for details).