

Uta Russell, LCSW
Licensed Clinical Social Worker
717 7th Street
Davis, CA 95616
(530) 400-4082

Consent to Treat Minor

Minor Client Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Minor's Home Phone _____ Minor's Cell Phone _____

Responsible Party for Minor Client

Parent/Guardian Name _____

Phone _____ Email _____

Address _____ City _____ Zip _____

Relationship _____

Parent/Guardian Name _____

Phone _____ Email _____

Address _____ City _____ Zip _____

Relationship _____

This agreement has been written to acquaint you, the minor's parent(s) or guardian(s), with the basic terms and conditions that promote a successful therapy experience for the minor client.

Participating in therapy can help the minor client learn new and important things about him/herself/themselves and others, as well as new and better ways of handling feelings or problems. While there are no guarantees, coming to therapy should help the minor client feel and do better.

You know therapy is working when the minor client feels less anxious, angry, or sad, problems are being resolved, relationships are improving, or he/she/they are feeling better. Initially, the minor client may feel worse before feeling better. This is part of the therapeutic process and usually indicates progress.

Individual therapy sessions are 50 minutes in length. My fee is \$150.00 per session and payment is due in full at the time of the session unless other arrangements are made. The appointment is specifically reserved for you and/or your child. If you must cancel an appointment and give 24-hour notice, you will not be charged.

All information disclosed within the minor client's therapy session remains confidential unless there is an applicable legal or ethical exception. I am required by law to report any suspected child, elder or dependent adult abuse, and situations where the minor client threatens violence to an identifiable victim. The law also permits me to break confidentiality when the minor client presents a danger or violence to others, or is likely to harm him or herself unless protective measures are taken.

When a minor client is in individual therapy, the parent or guardian has the right to ask for information about the minor client's therapy, and the therapist, acting in the best interest of the minor client, has the right to limit the information discussed.

The parent or guardian and minor client may contact me with questions or problems by calling my office. I will return your call as soon as I can.

Finally, if the minor client wishes to stop therapy, the parent or guardian agrees that the minor client will meet with the therapist at least once after making this decision.

Your signature below indicates that you have read the Consent to Treat Minor contract and agree to abide by its terms during our professional relationship. You give permission to me, Uta Russell, LCSW, to provide individual therapy to your son/daughter beginning _____ (date).

Signature of Parent/Guardian	Print Name	Date
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Signature of Parent/Guardian	Print Name	Date
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