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Consent to Treat Minor and Practice Policies

Minor Client Name _____ Phone _____

Address _____ City _____ Zip _____

Responsible Party for Minor Client

Name _____ Phone _____

Address _____ City _____ Zip _____

Relationship _____

Participating in therapy can help the minor client learn new and important things about him/herself 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 will know when therapy is working when the minor client feels less anxious, angry, or sad; problems are being resolved; relationships are improving, or he or she is feeling better. Initially, the minor client may feel worse before feeling better. This is part of the therapeutic process and usually indicates progress.

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 am able.

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.

Therapy consists of a 50-minute hour. My fee is \$150 per session and payment is due in full unless other arrangements are made. If you must cancel an appointment and give 24-hour notice, you will not be charged.

Financial Information:

How do you intend to pay for treatment? (Venmo, check, insurance)

If planning to use health insurance:

Name of insurance company _____

Name of Primary Insured _____

Primary Insured's Social Security Number _____

Primary Insured's Birth Date _____

Primary Insured's Employer _____

Employer Address _____

Date of Employment _____

Cell/Home Phone _____ Fax _____

Policy # _____ Group # _____

Telephone Number and Address of Insurance Company:

Subscriber # _____ Authorization # _____

Is there secondary insurance? If so, fill out the following:

Name of insurance company _____

Name of Secondary Insured _____

Secondary Insured's Social Security Number _____

Secondary Insured's Birth Date _____

Secondary Insured's Employer _____

Telephone Number and Address of Insurance Company _____

Subscriber # _____ Authorization # _____

Signature of Parent/Guardian

Date

Printed Name