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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 Lisa F. Summers, MFT for the minor child (ren) _____ and is intended to provide _____ with important information regarding practices, policies, and procedures. Please address any questions or concerns before you sign.

I generally require the consent of both parents prior to providing services to a minor child. If any question exists regarding the authority to give consent for psychotherapy, I will require supporting legal documentation, such as a custody order, before treatment begins.

Before your child begins therapy, it is important that you understand your rights. These include: 1. The right to be informed of the various steps and activities involved in receiving services; 2. The right to confidentiality under federal and state laws; 3. The right to humane care and protection from harm, abuse, or neglect; and 4. The right to make an informed decision whether to accept or refuse treatment.

Your child will benefit most from psychotherapy when you are supportive of the therapeutic process. Your child and I, and sometimes other family members, will discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change. Therapy provides an opportunity for your child to better, and more deeply understand him/herself, as well as any problems or difficulties s/he may be experiencing.

Participating in therapy may result in a number of benefits to your child, including but not limited to: reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, school, and family settings, and increased self-confidence. Such benefits will likely require substantial effort on the part of your child: active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts, and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. This discomfort may also extend to other family members, as they may be asked to address difficult issues and family dynamics. Their process may evoke strong feelings of sadness, anger, and fear.

Sometimes children feel worse before they feel better. This is a normal course of events. Sometimes progress is easy and swift; it may also be slow and frustrating at times. You should address with me any concerns you have regarding your child's progress.

Confidentiality: The information disclosed by your child is generally confidential and will not be released to any third party without written authorization except where required or permitted by law. Exceptions to confidentiality include, but are not limited to, reporting child, elder and dependent adult abuse, when a serious threat of violence is made towards a reasonably identifiable victim, or when a child is dangerous to him/herself or the person or property of another.

Please keep in mind that I am not a conduit of information from your child to you. Psychotherapy can only be effective if there is a trusting, confidential relationship between your child and me. You can expect to be kept up to date as to your child's progress but you will typically not be privy to the details of our discussions. Of course, you will be informed in the event of any serious concerns I might have regarding the safety or well-being of your child, including suicidality.

Litigation: I will not voluntarily participate in any litigation, or custody dispute. I have a policy of not communicating with attorneys and will generally not write or sign letters, reports, declarations, or affidavits to be used in legal matters. I will generally not provide records or testimony unless compelled to do so.

Therapist-Client Privilege: The information disclosed by your child, as well as any records created, is subject to therapist-client privilege. The therapist-client privilege results from the special relationship between the two in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. Typically, the client is the holder of the therapist-client privilege. If I receive a subpoena for records, deposition, testimony, or testimony in a court of law, I will assert the therapist-client privilege on your child's behalf until instructed, in writing, to do otherwise by a person with the authority to waive the privilege on your child's behalf. When the client is a minor child, the holder of the therapist-client privilege is either the minor, a court appointed guardian, or minor's counsel. Parents typically do not have the authority to waive the therapist-client privilege for their minor children, unless given authority by a court of law. Please discuss any questions regarding the therapist-client privilege with your attorney.

Fees and Fee Arrangements: We have agreed upon a fee of _____ per 50-minute session. Sessions longer than 50-minutes are charged for the additional time. I reserve the right to periodically adjust this fee. You will be notified of any fee adjustment in advance.

Please plan on paying for services at the time they are rendered. Payment can be made by check, Venmo, PayPal or Zelle. You are ultimately responsible for the bill. I

will provide you with a monthly statement and if your child is covered by insurance, you can submit this for reimbursement.

Phone calls between sessions that last longer than ten minutes will be prorated at the normal session rate.

24-hour cancellation is required, except in the case of an emergency or severe illness. If no notice is given or if you give less than a 24-hour notice, you will be charged the normal fee for the session. You can leave a cancellation notice on my office voicemail (650) 521-9919.

Availability: My confidential voicemail system allows you to leave a message at any time. I make every effort to return calls with 24 hours. If I am on vacation, we will have worked out a support plan for you and your child to follow while I am away. If for some reason you are unable to reach me, and your child is feeling unsafe, or requires immediate psychiatric assistance, you can call 911, or go to your nearest hospital emergency room or mental health facility.

Acknowledgement: By signing below, you are acknowledging that you have reviewed and fully understand the terms and conditions described above and any questions have been answered to your satisfaction.

Client Name (Please Print)

Signature of Client (if 12 or older)

Date

Signature of Parent or Guardian

Date

Signature of Parent of Guardian

Date

I understand that I am financially responsible for all charges, including unpaid charges by my insurance company or any other third-party payor.

Name of Responsible Party (Please Print)