**NEW CLIENT INFORMATION &**

**CONSENT TO TREATMENT**

**FOR MINOR CHILDREN**

***Please read the following carefully.***

***If you have any questions, we should discuss them before your signing.***

**The Psychotherapeutic Process**: Psychotherapy is a process of inner exploration leading to greater understanding of yourself and your interactions with others, as well as greater self-acceptance. It is often hard work, and you/your child may not always feel better at the end of a session. Changes that lead to a happier and more meaningful life take time. Psychotherapy works best within the context of a trusting and caring relationship. I always want you to talk to me if you feel something in your therapy is not going well for you and I welcome your questions and comments any time.

**Appointments** are scheduled on a weekly or more frequent basis and, unless otherwise specified, are 50 minutes in length.

**Cancellation Policy**: When we agree to meet on a weekly or more frequent or regular basis, your appointment is held for you week to week. However, you may cancel at least three days (72 hours) in advance without any charge. You may also elect to reschedule during the same week if we can find a mutually acceptable time. In addition, we can discuss rescheduling an appointment through Skype, or by phone.

Appointments cancelled with less than 72-hours’ notice are charged at the regular rate. The reason for this policy is that your hour is exclusively reserved for our meetings, and I schedule no other clients during that time.

**Fees:** The fee for each 50 minute individual session is \_\_\_\_\_\_\_. Telephone calls longer than 5 minutes are billed at the same rate. Fees are increased each September, and I will discuss this with you in advance.

**Payment: Comprehensive Billing Srv. LLC**  handles billing, and invoices are mailed monthly. Payment is expected within 15 days of receipt of invoice. Payment for services may also be rendered at the conclusion of the consultation if preferred. There will be a $25 administration fee on all returned checks.

**Confidentiality:** Information discussed in the therapy setting is confidential. There are some exceptions mandated by law:

1. If I believe you may hurt yourself or someone else.

2. If I know or suspect that a child, an elder or a dependent adult has been or is being physically abused, neglected or sexually molested.

3. If I receive an unavoidable court order to appear or produce records.

4. If you request that I release information.

5. It is also legal to send an unpaid bill to a collection agency if notice is given, in which case only your name, address and unpaid balance is provided.

**Litigation Limitation**: ***It is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries or lawsuits) neither you nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.***

This agreement is intended to protect the confidential nature of the therapeutic relationship

**Special Note about Use of E-mail/Social Media/Texting:** I prefer to discuss questions or other issues, if possible, in the session or, if necessary, by phone. I use e-mail and texting with some clients to schedule appointments. In addition, child and teen clients often use texting to communicate with me. I do not, as a rule, relay clinical information through e-mail, as it is a non-confidential medium. In addition, I do not share e-mail addresses of clients. I ask that my e-mail address not be added to group e-

mail lists. I don’t respond to requests to join on-line social networking groups such as *Facebook* or *Linked In*.

**Specifics Regarding Treatment of Minor Children**

**Appointments with a child are usually 40-50 minutes in length.**

**Confidentiality:** While parents have a right to general information on issues and progress of their child’s treatment, communications between the child and therapist are confidential. Your child needs to know that he/she can talk freely about any subject and that what is said will be held in confidence. Exceptions to confidentiality are outlined above.

**Termination**: ***If you decide to terminate your child’s psychotherapy, we need to discuss this decision and allow time to bring closure to the work.***

**School Observations/Meetings/Reading of e-mails and Reports**: When an on-site observation of a child’s school occurs, the average charge is for two to three hours of time, billed at the regular rate.

Transportation time is included in charges for school observations. Attendance at a school conference, reading reports from other professionals, e-mails, as well as phone calls with school personnel and allied professionals are charged at the regular hourly rate, including transportation time if applicable.

**Exclusion of Therapy from Legal Proceedings**: In order to support the safe environment that is necessary to ensure successful treatment of your child, I will not be available as a witness in any legal action having to do with the issues discussed in the treatment. Parents hereby agree to exclude the child’s treatment from any legal proceedings pertaining to the child, including change of custody, visitation scheduling, sexual abuse, physical abuse, or other issues in the court pertaining to the child.

***Parents understand and agree that the psychotherapy now being agreed upon shall be confidential and not made subject of testimony or of a subpoena to produce any written documents that may be prepared during the course of psychotherapy.***

**Contact Phone Numbers:**

1. **480-703-4495** is my 24-hour answering machine. I check my messages several times a day. Nonemergency calls received on weekends (Friday afternoon-Sunday evening) will usually be returned on Monday. During the week I will usually get back to you within 24 hours.
2. If you feel you are experiencing an urgent situation, please indicate that on your message to my office phone, and you may also call: **(480) 656-8937**. You may also phone the **24-hour Crisis Line at 1-800-309-2131**.
3. When I go on vacation, I will provide you with a phone number for a colleague who will be covering my practice while I am away. That person will know how to reach me if needed.

**Rosa Ruales, LPC, LAMFT will provide psychotherapy services and *I/We will pay the amount of $\_\_\_\_\_\_\_\_ for each 45-50 minute consultation.*** I/*we understand that I/we am/are responsible for payment for consultations not cancelled 48 hours in advance. I/we understand that I/we will be billed monthly. Please indicate below if statements are to be sent to two addresses.*

***Invoices are to be sent to:***

***1.*** *Name: ………………………………………………….*

*Address/City/Zip: ………………………………………………..*

*E-mail: …………………………………………………………*

*Cell phone: ………………………………………………………*

2. *Name: ………………………………………………….*

*Address/City Zip: ………………………………………………………..*

*E-mail: …………………………………………………………….*

*Cell phone: …………………………………………………………*

**By signing this form we consent to treatment and the policies outlined in this Consent to Treatment document for myself or my/our child**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

with Rosa Ruales, LAMFT, LAC

Client/Parent/Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_