

Susan Farber, M.A., MFT
The Winning Edge for Sport and Life
22 West Micheltoarena, Ste B
Santa Barbara, CA 93101
(805) 886-5538

AGREEMENT FOR SERVICES/INFORMED CONSENT TO TREAT MINOR

Minor Client Name: _____ Phone _____

Address _____ City _____ State _____ Zip _____

Responsible Party of Minor Child

Name _____ Phone _____

Address _____ Relationship _____

City _____ State _____ Zip _____

This agreement has been written to acquaint you, the minor’s parents or guardian, with the basic terms and conditions that promote a successful therapy experience for the minor client. Participating in treatment can help the minor client learn new and important helpful things about him or her and others as well as new and better ways of handling challenges and feelings.

_____, parent or guardian of _____,
minor client, gives permission for the therapist, Susan Farber, to provide treatment to minor client
_____ time(s) a week beginning _____.

The therapist will work at times solely with minor client with parent/guardian and minor
 Solely with the parents/guardian _____

Fees and Insurance

The fee for an initial evaluation is \$_____. The initial evaluation may include any or all of the following measures depending upon the nature of the presenting issue:

- Client completion of written assessment(s).
- 60 minute interview in person or by phone.
- Direct observation of competitive event or training session.
- Consultation with coach if needed.
- _____.

The fee for 60 minute review of assessment findings either by phone or in office is \$_____.

The fee for a _____ minute telephone session is \$_____.

The fee for ongoing in office 45-50 minute session is \$_____.

The fee for a _____ minute direct observation is _____.

(Please note that fees may vary according to travel time to and from the event.)

Fees (including co-pays) are payable at the time that service is rendered. You can pay by check, cash or credit card via PayPal with an additional 5% transaction fee. You are required to pre-pay for all written assessments.

If appropriate, Susan Farber can bill your health insurance to pay for services. The minor must have a mental health diagnosis to qualify for insurance reimbursement. The amount of reimbursement and the amount of any co-payments or deductible depends on the requirements of the specific insurance plan. The parent or guardian shall check with his or her insurance company to determine if there is coverage for therapy, the amount of the annual deductible and co-payment. The parent or guardian is responsible for payment of all therapy charges at the time of service or for the co pay of _____.

Telephone Sessions/Calls

Telephone sessions are available by appointment and are charged accordingly to Susan Farber's usual and customary agreed upon fee. Please note that phone sessions are not covered by insurance.

The parent of guardian is responsible for payment of the agreed upon fee (on a pro-rated basis) for any telephone calls beyond 10 minutes.

Confidentiality

All information disclosed within the minor client's therapy session remains, in general, confidential and under some circumstances, privileged. Confidential information will not be revealed to anyone not present in therapy without the written permission of the minor client or the parent or guardian unless there is an applicable legal or ethical exception. Nor privileged information will be disclosed except by written waiver of privilege give by the parent or guardian. Susan Farber is a Licensed Marriage, Family Therapist and is therefore 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 the therapist, Susan Farber, to break confidentiality when the minor client presents a danger of violence to others or is likely to harm him or herself unless protective measure are taken. In addition, disclosures may be required in certain legal proceedings and actions.

When a minor client in individual therapy, the parent or guardian has the right to ask for information about the minor client's therapy, and the therapist, Susan Farber, acting in the best interest of the minor client, has the right to limit the information disclosed. All questions regarding confidentiality, the release of information and waiver of privilege, etc., need to be brought up with the therapist, Susan Farber.

Appointment Scheduling Cancellation Policy

Depending upon the minor’s needs, sessions are typically scheduled to occur one time per week or on a bi-monthly basis. The minor’s consistent participation greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, please notify Susan Farber by phone at least 24 hours in advance of the scheduled appointment. Without 24 hour notice, the parent or guardian will be held responsible for the entire fee of the missed session. Please note that missed sessions are not covered by insurance.

Availability/Emergencies

Susan Farber is equipped with a confidential voice mail system that allows the minor, parent or guardian to leave a message at any time. Susan Farber is available to return calls within 24 hours and is not available to return calls after 7:00 pm and on Saturdays and Sundays unless previously arranged.

If you have an urgent need to speak with Susan Farber, please indicate that fact in your message and follow any instructions that are provided by the voicemail message.

In the event of a medical emergency or an emergency involving a threat to your safety or to the safety of others, please call 911 to request emergency assistance. Please call 211 for crisis counseling.

About the Treatment Process

It is Susan Farber’s intention, to provide services that will assist the minor in reaching his or her goals. Based upon the information provided both verbally, through written assessment(s) and direct observation, recommendations will be provided as to the treatment goals and estimated length of treatment. Please note that the treatment process is collaborative where goals are set and progress is reviewed as a team.

Termination of Treatment

The length of treatment and the timing of the eventual termination of treatment depend on the specifics of the treatment plan and the progress achieved. Susan Farber reserves the right to terminate treatment at her discretion. Reasons for termination include, but not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, and failure to participate in sessions. The parent or guardian has the right to terminate treatment at his/her discretion. Susan Farber will attempt to ensure a smooth transition to another practitioner by offering referrals.

Please ask Susan Farber to address any questions or concerns that you have about his information before you sign. Your signature indicates that you understand and agree to the terms and conditions stated above regarding therapy with the minor client

Date	Signature of Parent/Guardian
Date	Signature of Therapist