



Treatment Consent for Children and Adolescents

I hereby consent for _____ (my child/family) to receive psychological evaluation and/or treatment services from _____ at Strides in Psychotherapy, P.C. (name of therapist)

I, the undersigned, understand that the following treatment(s), intervention(s), or service(s) will be furnished by Strides in Psychotherapy, P.C. regarding my child:

- | | |
|---|---|
| <input type="checkbox"/> Individual psychotherapy sessions | <input type="checkbox"/> Couples psychotherapy sessions |
| <input type="checkbox"/> Family therapy sessions | <input type="checkbox"/> Parental or family meetings |
| <input type="checkbox"/> Psychological/intellectual testing and evaluation | <input type="checkbox"/> Court appearances |
| <input type="checkbox"/> Consultations with others involved in clients care | <input type="checkbox"/> School consultations/meetings |
| <input type="checkbox"/> Other _____ | |

I choose to have the above interventions, treatments or services furnished by Strides in Psychotherapy, P.C. I understand that my insurance company will most likely not pay for all or part of these services and I take full responsibility for any portion of the following fees that my insurance company does not pay.

Therapy Sessions: (Individual/Family/Couples): _____

Testing/Evaluation: _____

Auxiliary Services – i.e., phone calls with client/family (other than brief ones). Meetings, phone consultations with others involved with the client/family, formal letters written, evaluations, school observation, or any additional service except for a legal matter, which is requested by client/family or clinically indicated regarding client/family: _____

Any work concerning a legal matter: (i.e., court appearances, deposition appearances, letter for court/attorneys, providing any written documents to attorneys/court, my needed preparation time for court/deposition appearances, etc.): _____

Print name of client

Signature of Parent/Guardian

Print name of Parent/Guardian

Signature of Parent/Guardian

Print name of Parent/Guardian

Date

Witness (to be signed by office staff)

Signature of client