

## Agreement for Psychotherapy with a Minor

I, \_\_\_\_\_, attest that I am the parent/legal guardian of \_\_\_\_\_, and give my permission for this minor to receive services from Chris Moseman, MA, LMHCA. Treatment may include individual therapy, family therapy and case management.

Exclusions to the treatment are as follows:

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My goals for this treatment are as follows:

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These services are to be provided by Chris Moseman, MA and may include confidential supervision and/or consultation in an effort to provide more appropriate services. Fees for treatment are payable at the time of service and are as follows:

- 50-minute session (\$80)
- 80-minute session (\$120)
- Case management is billed in 15 minute increments at a rate of \$80 an hour, including any necessary travel time. These expenses are generally not covered by insurance plans and are to be paid by the individual authorizing services.

I understand that information concerning my child/minor, is protected by strict confidentiality laws and require my written consent prior to any disclosures. I also recognize that information regarding diagnosis and treatment approach is available to me at any time.

My signature below means that I understand and agree with all of the points above and acknowledge that this document does not supersede information provided to me in the Disclosure Statement.

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Signature of Parent/Guardian

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Date

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Signature of Parent/Guardian

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Date