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Licensed Marriage & Family Therapists (MFC 40639, 39195)

Agreement For Minor to Participate in Social Skills Group

Note: this document requires both parents' signature.

Introduction

We welcome your child as a client in our social skills group. Below is important information about policies of the group, as well as, risks and benefits of participating in psychotherapy. Feel free to discuss any questions you have with us.

- Both parents need to sign consent for the minor child to participate in the social skills group.
- We hope that participation in group results in benefits and progress toward group goals for you and your child. However, you should be aware that progress may not be made. In fact, a common aspect of the therapeutic process is that symptoms may get worse for a period before they start to improve.
- Group will be held weekly Wednesdays from 4-5pm. Please arrive on time and supervise your children in the waiting room and parking lot. It is not safe for kids to play in/near the parking lot as cars are pulling in and out.
- If you will miss a session, notify us immediately at (415) 717-3915. If you will be more than 5 minutes late to group, please text Noah at the number above.
- Please be available by cell phone in case of emergency during group hour.

Fee and Fee Arrangements

- Our customary fee for the 10 week group is \$850 for a total of 13 meetings: 10 child groups, 2 parent nights and a summary meeting.
- Our customary fee for the 8 week group is \$650 for a total of 10 meetings: 8 child groups, 1 parent night and a summary meeting.
- We offer the following options for payment of group fee: pay in full at group 1, pay half in group 1 and half in group 6. Please bring first payment to group 1. We accept cash, check and credit/debit cards.
- There will be a \$25.00 service fee for all returned checks.
- Occasionally, parents request that we speak to, or advise third parties (with written authorization) such as teachers or other service providers. Be advised that phone consults will be pro-rated at \$170 per hour.

Our Availability

Our office is equipped with a confidential voice mail system that allows the child or parent/caregiver to leave a message at any time. We will make every effort to return calls within 24 hours (or by the next business day), but cannot guarantee the calls will be returned immediately. **We are unable to provide 24-hour crisis service. In the event that the child is feeling unsafe or requires immediate medical or psychiatric assistance, you should call 911, or go to the nearest emergency room.**

Insurance

We are not a contracted provider with any insurance company or managed care organization. Should you choose to use your insurance, we will provide you with a receipt for group that you may use for tax and insurance reimbursement purposes. You can submit the receipt to the third-party of your choice to seek reimbursement of fees already paid.

Confidentiality

Sessions will be completely confidential unless any of the following situations occur:

- Parent/caregiver signs a consent for us to release information.
 - Your insurance company requires information or verification.
 - *The child expresses intent to harm him/herself, another, or another's property.
 - *If we suspect elder, dependent adult or child abuse.
- *In these situations **We are required by law** to break confidentiality.

Litigation

We will not under any circumstances participate in any litigation or custody dispute in which the child client, parent/caregiver or another individual, or entity, are parties. We have a policy of not communicating with clients' attorneys and will not write or sign letters, reports, declarations, or affidavits to be used in a client's legal matter.

In addition, we do not consult or advise on school placement or acquiring educational services.

Termination of Therapy

We reserve the right to terminate therapy at our discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, the client's needs are outside of our scope of competence or practice, or the client is not making adequate progress in therapy. Client or parent/caregiver also have the right to terminate therapy at their discretion.

Acknowledgement

By signing below, the parent/caregiver acknowledges that they have reviewed and fully understand the terms and conditions of this Agreement. We have discussed such terms and conditions and have had any questions answered to parent/caregiver's satisfaction. All parties agree to abide by the terms and conditions of this Agreement and consent to participate in psychotherapy with us (Therapists). Moreover, parent/caregiver agree to hold us free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

Minor Client Name (please print)

Signature of Parent/caregiver(1) (and relationship to Client)

Date

Signature of Parent/caregiver(2) (and relationship to Client)

Date

I understand that I am financially responsible to Therapist for all charges.

Name of Responsible Party (Please print)

Signature of Responsible Party (and relationship to Client)

Date

Please retain a copy of this agreement for your records.

We sincerely hope that your family's work in therapy is of great value to you. If you believe that your family benefits from our time together, we would welcome your referring others to our services.

Thank you.

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