

Marni Greenberg, Psy.D.

Clinical Psychologist PSY23970

3990 Old Town Avenue Suite A208, San Diego, CA 92110

Phone: (858) 432-3290 ~ Fax: (267) 695-8310

Consent Form for Minors

I/We (parent/guardian) _____ consent to the treatment of my/our child/teen _____ for psychological services (assessment, treatment, and/or referrals) of a non-medical nature with Marni L. Greenberg, Psy.D. PSY#23970. This consent will remain in effect unless I/we rescind it in writing or my child/teen turns 18 and must legally consent to his/her own treatment. This treatment may be conducted in an individual, conjoint (child/teen and parent), or family therapy sessions as deemed most appropriate by the therapist.

Confidentiality

I understand that I may call to be informed of my child/teen's progress in treatment, and/or to give helpful information to the therapist, and/or to make an appointment to meet with the therapist at any time to review progress. However, I also understand that it is important for my child/teen to trust the therapist in order for therapy to be effective. Privacy is especially important in securing and maintaining that trust. One goal of treatment is to promote a stronger and better relationship between children and their parents. However, it is often necessary for children to develop a "zone of privacy" whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. Thus, I understand that my child/teen's therapist will share general information about progress but will refrain from revealing any specific information shared by my child/teen unless my child/teen consents to it or the therapist feels that my child/teen is at risk. I agree that my child/teen is free to share anything they wish about their therapy sessions with me, but that I will not solicit or put any pressure on my child/teen to share information with me.

I also understand that because the family unit is so important to children and teens, my therapist may include the family in therapy when appropriate and that recommendations may be made to make changes in the family unit in order to support changes in my child/teen.

Therapy with Minors

Something that may come up during therapy with children and teens is disagreement between parents regarding the best interests of the child/teen. As parents, it is important for you to be as united as possible to fully support your child/teen in therapy, and it can be difficult for children/teens to be caught between the disagreements of their parents. Thus, if such disagreements occur, I will listen carefully to your concerns and I will attempt to help you find an acceptable resolution. You can choose to resolve such disagreements or you can agree to disagree, so long as this enables your child's therapeutic progress.

If at any time you choose to discontinue therapy for any reason, I will share with you my perspectives on your child/teen's needs given what we have worked on in therapy, and I

Marni Greenberg, Psy.D.

Clinical Psychologist PSY23970

3990 Old Town Avenue Suite A208, San Diego, CA 92110

Phone: (858) 432-3290 ~ Fax: (267) 695-8310

will offer you any appropriate resources or referrals. I ask that you allow me the option of having a few closing sessions to appropriately end the treatment relationship.

Payment

I agree to pay for any time of consultation over 15 minutes, be it in person, over the phone, or via email, at my agreed upon hourly rate. I am responsible for payment of all treatment except where other arrangements have been made. In the case of treatment being denied for payment by insurance, I will take full responsibility to pay the amount due.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

I (Minor) _____ understand that my parent/guardian may consent for my treatment; however, I have also been asked to give my assent for my own treatment.

Minor Signature: _____ Date: _____

Minor's Date of Birth: _____