



Sasha Esposito San Román
Marriage and Family Therapist, Inc.
 2170 The Alameda, #300, San Jose CA 95126
 Email: sashaesposito@gmail.com Website: sashaesposito.com
 Cell: 408 348-3896

Licensed Marriage and Family Therapist MFC#37388

Informed Consent for Treatment of a Minor

I will work to provide the most effective treatment possible. Most clients undergoing psychotherapy experience improvement, however, this cannot be guaranteed. Psychotherapy may involve a variety of different activities. First, your child would be assessed and therapeutic services would be designed to resolve or reduce any problems found in that assessment. There may be individual sessions, discussions with you which may involve ways to help your child outside of therapy, and/or family sessions. Therapy may focus on feelings, thoughts, relationships, and/or behaviors. With young children, therapy generally includes play activities used as a means of understanding and communications.

Psychotherapists have professional training and you have the right to inquire fully about my credentials, education and experience. Psychotherapy involves complete confidentiality between family and clinician. However, current laws and ethic require all therapists to make exceptions in the following circumstances to break confidence:

- The client presents a clear and present danger to self or others.
- The client communicates to the therapist a threat of physical violence against a clearly identified or reasonably identifiable victim, or the therapist has a reasonable basis to believe there is a clear and present danger of physical violence against such a victim.
- The client introduces his or her mental condition as a defense in a legal proceeding.
- In child custody or adoption cases, the judge determines that the therapist has information bearing significantly on the client's ability to provide suitable care.
- The client initiates legal action against the therapist.
- The therapist has grounds to believe a child under the age of 18 or an elderly person (over age 60), or a handicapped adult, has been or is at risk of being abused or neglected.
- The therapist has reason to believe a health care professional has engaged in professional misconduct.
- A judge orders the therapist to release client information.

I, _____, confirm that I am the legal guardian of _____, and I indicate by my signature on this form that I consent to treatment for this child, and that I understand and consent to the above conditions.

Signature

Date

Please Print Name: _____

Please initial the following to indicate your agreement/consent:

- _____ Agreed fee is \$180 per 50 minute psychotherapeutic hour (or as otherwise agreed: \$ _____)
- _____ & \$205 home visit per 50 minute psychotherapeutic hour (or as otherwise agreed: \$ _____)
- _____ Agreed by parents to accept & support confidentiality between child and therapist