

Jay S. Weinberg, MA, CAGS

CONTRACT FOR MENTAL HEALTH THERAPY

(Name) _____ (the “Client”). Thank you for choosing me, Jay S. Weinberg, MA, CAGS (“Provider”), to work with you and/or your (name of minor child)_____
_____. I appreciate your confidence and will proceed faithfully and diligently on behalf of (name of minor child)_____ (the “minor child”). Please sign this agreement indicating your approval of the terms of this agreement.

It is agreed that the Provider will provide therapy for the minor child and will act as the therapist for the minor child. It is also understood that the Provider will advise Client as to what he feels is the best therapeutic approach when working with minor child. As always, the Client’s comments are welcome and encouraged to help promote a healthy therapeutic atmosphere for the child. It is understood that the Provider will require one on one meetings with the minor child to help build a foundation of trust and to provide an atmosphere in which the minor child feels open to explore all thoughts and feelings. Provider will meet with the Client, as deemed necessary, at a separate time to discuss findings, as this is not to exclude the Client from therapeutic growth of minor child. Sessions with the minor child are always confidential, except in matters involving physical/sexual abuse and possible danger to self or others.

It is also agreed the Provider will communicate to both parents upon their requests any updates on the progress of the minor child. Either parent may contact Provider to set up a telephone conference to go over minor child’s progress. Provider will only disclose progress pertaining to the minor child; all sessions with client in the session will be confidential. Such information will not be considered an official evaluation and cannot be used for determination of any pending or upcoming court action pertaining to the minor child. It is agreed that Provider is minor child’s therapist and will in act in accordance to the best interest of the minor child.

This agreement is binding and at any time therapy sessions can be canceled by either Client or Provider. However, the agreement with regards to any progress updates will remain in effect unless otherwise agreed upon by Provider.

Confidentiality applies to the minor child and the parents of the minor child. That is, who is seen in therapy, or before or after therapy, is to remain confidential so long as the minor child participates in therapy with Jay S. Weinberg, MA, CAGS.

Date: _____

By: _____
Client (Legal Guardian