

INFORMED CONSENT FOR INFANT RELATIONSHIP-BASED THERAPY

Child's Name _____

Parents' Names _____

Address _____

City _____ Zip Code _____ Phone _____

Business Phone _____ Birth Date _____

Infant Therapy addresses pre-linguistic and emerging verbal communication of infants, toddlers, and young children with their parents or caretakers. The work, based on infant developmental research, is characterized by the therapist coaching the parent, who interacts with the child. The goal is to facilitate the natural unfolding of the child's developing interpersonal communication and to eliminate the need for the child to engage in maladaptive behavior patterns. Some of the work is videotaped so interactional sequences can be reviewed by the therapist and parent in order to document behavioral change and to identify emerging abilities in the child that are ready to be addressed.

Confidentiality: Law and professional ethics require therapists to maintain confidentiality except when there is suspicion of child abuse, elder or dependent adult abuse, or serious threats of harm to oneself or another person. Communication regarding the therapy to other licensed educational and health care providers requires the parent's written permission. I am also aware that psychotherapists utilize professional consultation while maintaining the family's anonymity.

Note on Cancellations: Seventy-two hour notice is required for canceling an appointment or failing to show without canceling. If you miss a session without sufficient notification, you will be charged the full fee. I cannot bill insurance for missed appointments.

Note on Insurance Reimbursement: Due to the complexities and time delays of insurance reimbursements, I ask that you pay your bill when service is rendered. Upon request you will be given a monthly statement. Send it directly to your insurance company. Insurance payments will be sent directly to you or credited to your next month's billing, however you prefer.

Fees: All consultations are based on a forty-five minute hour. It is important to be on time as a late arrival cannot be made up by going overtime. Preparation of written reports and attendance at school IEPs will be billed at the regular hourly rate. It is generally expected that fees will be paid at the time service is rendered. The original fee is subject to periodic increases.

Availability: The therapist is available for regularly scheduled appointment times. Notice on holidays, vacation, and other exceptions will be given out in advance if possible.

Termination of Treatment: The therapist may terminate treatment if payment is not timely, if prescriptions are not fulfilled (such as seeking consultation), or if some problem emerges that is not within the therapist's scope of competence. It is important that termination be discussed in session.

Responsibility for Legal Fees:

I agree to submit any disagreement regarding services or complaints regarding breaches in law or ethics to binding arbitration under the

auspices of the American Arbitration Association located in Irvine, CA. I further agree to pay any and all legal costs arising from complaints that are not fully validated by the arbitrator.

I have read this informed consent completely and have raised any questions I might have about it with the therapist. I understand that I have a right to a copy of this agreement and that any additional considerations will likewise be put into writing and signed by both parties.

Parent's Signature _____ Date _____

Therapist's Signature _____ Date _____

Legal Guardian's Signature _____ Date _____