
Information for New Clients

Please read the following guidelines carefully and feel free to discuss any questions or concerns you may have.

- 1.) During our sessions we aim to provide educational training to help kids understand and navigate their social and emotional worlds better.
- 2.) Individual sessions are set for 50 minutes. Group classes are 60 minutes.
- 3.) Your established fee is \$575/month for the subscription services including 4 group classes. \$325 per individual therapy session, \$225 for coaching session and \$395 for intake. Once enrollment is complete and payment is submitted, there are no refunds.
- 4.) In the event that you must cancel or reschedule a session, it is important that we be informed as soon as possible. You will be charged for a session if cancellation or rescheduling is not made at least 24 hours prior to appointment time or if you simply do not arrive for an appointment. Packages are prepaid and non refundable if you cannot make it to the session.
- 5.) All information discussed in sessions is protected by the laws of confidentiality. No information may be revealed to outsiders without your written permission, unless disclosure is required by law (e.g. when there is reasonable suspicion of abuse of children or elderly persons, or when the client presents a serious danger to self or others)

I have read the above guidelines and agree to them.

Parent/Guardian's Signature

Date

Consent for Treatment

I, _____, (Parent/Guardian) of

_____ (Child) hereby authorize and give permission for my child to enter into treatment with Social Scholars Licensed Educational Psychology Inc. I understand that the treatment may consist of social skill group work, psychotherapy, assessment, coaching and/or any other appropriate modes of intervention. I may withdraw my consent in writing for treatment at any time if I so choose.

Parent/Guardian's Signature

Date

Parent/Guardian Health Form

I _____, the parent of _____ (“my child”), understand that personal injury can and may occur to my child, and I hereby authorize **Social Scholars Licensed Educational Psychology Inc.**, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release **Social Scholars Licensed Educational Psychology Inc.**, its providers/therapists, and other staff from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to his/her therapy/session.

I agree and consent to all the above statements.

(Parent Signature)

(Date)

(Emergency Contact Name and Phone Number)

- I give permission for my child to transition from my vehicle to his/her therapy/session at **Social Scholars Licensed Educational Psychology Inc.** on their own.
- I **DO NOT** give permission for my child to transition from my vehicle to his/her therapy/session at **Social Scholars Licensed Educational Psychology Inc.** on their own.