

ROGERS FAMILY & SELF-CENTERED THERAPIES

"IT'S ALL ABOUT YOU, YOUR SELF & WHY. FROM YOUR POINT OF YOU."

TIMOTHY ROGERS, MA, LMFT

LICENSED PSYCHOTHERAPIST MFC101500

16133 VENTURA BLVD., ENCINO, CA 91436 (424) 239-8495

CLIENT INFORMATION FOR MINOR AGE 12 - 17 YEARS

***THERAPIST WILL NOT WORK WITH MINOR UNTIL PARENTS HAVE SUBMITTED THE COURT ORDERED AGREEMENT STATING THE AWARD OF**

CLIENT INFORMATION

CLIENT LEGAL NAME: _____ DOB: ____/____/____

AGE: _____

CLIENT PREFERRED NAME: _____

IDENTIFIES AS _____ (GENDER) EMAIL _____

ADDRESS: _____

—

CELL: (____) _____ OTHER PHONE: (____) _____

CLIENT SCHOOL NAME & CITY: _____

CLIENT'S SIGNATURE FIRST & LAST NAME

TODAY'S DATE

WRITE IN CURSIVE



YOU MATTER



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PARENT/GUARDIAN INFORMATION #1

NAME: _____ **RELATIONSHIP TO CLIENT:** _____

HOME

ADDRESS: _____

PHONE NUMBER TO BEST REACH YOU (_____) _____

DOB: ____/____/____

CIRCLE PARENT MARITAL STATUS: SINGLE MARRIED DIVORCE

OTHER _____

HOW DID YOU HEAR ABOUT ME? _____

OTHER INFORMATION YOU THINK I SHOULD KNOW IN THE COUNSELING OF YOUR CHILD:

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PARENT/GUARDIAN INFORMATION #2

NAME: _____ RELATIONSHIP TO CLIENT: _____

HOME

ADDRESS: _____

YOUR EMAIL ADDRESS: _____

PHONE NUMBER TO BEST REACH SECOND PARENT OR GUARDIAN

(____) _____ DOB: ____/____/____

PARENT MARITAL STATUS (PLEASE CIRCLE MOST ACCURATE):

SINGLE

MARRIED

DIVORCED

OTHER _____

HOW DID YOU HEAR ABOUT ME? WHO REFERRED YOU?

OTHER INFORMATION YOU THINK I SHOULD KNOW IN THE COUNSELING OF YOUR CHILD:



YOU MATTER



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Minors aged 12 - 17 Rights to Confidentiality

For a listing of the entire legislative law go to:

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=FAM§ionNum=6924.#content_anchor

It is extremely important and ethically and legally mandated that I inform any potential client of the limitations to anyone's confidentiality during the therapeutic process, therefore the following limitations of confidentiality will be implemented should the situation call for based on what client reveals during any given session.

LIMITATIONS OF CONFIDENTIALITY

Marriage and Family Therapists are encouraged to inform patients as to certain exceptions to confidentiality such as child abuse reporting, elder and dependent adult abuse reporting, and patients dangerous to themselves or others.

The California minor consent laws regarding mental health services states that there are **two statutes give minors the right to consent to mental health treatment.**

- If a minor meets the criteria under either statute, the minor may consent to his or her own treatment.
- If the minor meets the criteria under both, the provider may decide which statute to apply. There are differences between them. See endnote ** for more on these differences:

Family Code § 6924

“A minor who is 12 years of age or older may consent to mental health treatment or counseling on an outpatient basis or to residential shelter services, if both of the following requirements are satisfied:

The minor, in the opinion of the attending professional person, is mature enough to participate intelligently in the outpatient services or residential shelter services. AND

The minor (A) would present a danger of serious physical or mental harm to self or to others without the mental health treatment or counseling or residential shelter services, or (B) is the alleged victim of incest or child abuse.”

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Health & Safety Code § 124260

“[A] minor who is 12 years of age or older may consent to [outpatient] mental health treatment or counseling services if, in the opinion of the attending professional person, the minor is mature enough to participate intelligently in the mental health treatment or counseling services.”

Now obviously most young people over the age of 12 do not have the means to pay for therapy, so I encourage all of them to sign an agreement which permits me the right to discuss any financial matter or anything he/she/they deem necessary regarding the content of therapy.

- **The mental health treatment or counseling of a minor authorized by this section shall include involvement of the minor’s parent or guardian unless, in the opinion of the professional person who is treating or counseling the minor, the involvement would be inappropriate.**
- The professional person who is treating or counseling the minor shall state in the client record whether and when the person attempted to contact the minor’s parent or guardian, and whether the attempt to contact was successful or unsuccessful, or the reason why, **in the professional person’s opinion, it would be inappropriate to contact the minor’s parent or guardian.**
- **The minor’s parents or guardian are not liable for payment for mental health treatment or counseling services provided pursuant to this section unless the parent or guardian participates in the mental health treatment or counseling, and then only for services rendered with the participation of the parent or guardian.**
- The minor’s parents or guardian are not liable for payment for any residential shelter services provided pursuant to this section unless the parent or guardian consented to the provision of those services.

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