

**Sedigheh “Dokie Riahi” Kashani, M.A., MFT**  
**Licensed Marriage and Family Therapist**  
**MFC#: 48455**  
**850 Middlefield Rd., Suite 4**  
**Palo Alto, CA 94301**  
**Phone: 408-691-6528**  
**Fax: 650-485-2511**

**AGREEMENT FOR SERVICE/INFORMED CONSENT FOR MINORS**

*Introduction*

This Agreement has been created for the purpose of outlining the terms and conditions of services to be provided by Sedigheh Dokie Riahi Kashani for the minor client (under the age of 18)

\_\_\_\_\_ (herein “Client”) and is  
Name of child(ren) (print)

intended to provide \_\_\_\_\_  
Name of parent(s)/legal guardian(s) (print)

(herein “Representative(s)”) with important information regarding the practices, policies and procedures of Sedigheh Dokie Riahi Kashani (herein “Therapist”), and to clarify the terms of the professional therapeutic relationship between Therapist and Client. Please read and initial the following important information regarding the treatment provided to Client. Any questions or concerns regarding the contents of this Agreement should be discussed with Therapist prior to signing this document.

*Therapist Background and Qualifications*

Therapist has been providing counseling since 2006, working primarily with children, adolescents, adults, families, parent-child units, and couples facing adjustment challenges (separation, relocation, retirement, school transition, etc.), relationship problems (dynamics between parent-child, siblings, couples, peers, etc.), anxiety, depression, abuse, trauma, parental abandonment, adoption, bullying, low self-esteem, self-injurious behaviors, grief, ADHD, and various physical and/or cognitive disabilities. Therapist has experience in individual and group therapy, school-based counseling, and outpatient agency work. Having worked with a diverse group of clientele (Caucasian, Asian, African-American, Hispanic, low social economic, those with disabilities, single parents, multigenerational family units, adopted children, members with various sexual orientations, etc.), Therapist possesses great cultural sensitivity. In working with clients, Therapist considers early life experiences (Object Relations); age and life transitions (developmental theories); the impact of the environment and the family unit (systems theory); the role of thoughts, feelings, and actions (Cognitive-Behavioral Therapy); and client’s resources (Solution-Focused Therapy). Subsequently, Therapist may utilize exploration, psycho-education, task-assignment, and play and art activities.

*Risks and Benefits of Therapy*

A minor Client will benefit most from psychotherapy when his/her parent(s), guardian(s) or other caregiver(s) are supportive of the therapeutic process.

Psychotherapy is a process in which Therapist and Client, and sometimes other family members, discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so Client can experience his/her life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties Client may be experiencing. Psychotherapy is a joint effort between Client, Therapist and, as deemed clinically necessary, Representative(s). Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors. Based upon the information provided by Client, and sometimes other family members, regarding Client’s specific situation,

Therapist will provide recommendations for treatment. Since Therapist, Client, and Representative(s) are partners in the therapeutic process, Client and Representative(s) have the right to agree or disagree with Therapist's recommendations. Therapist will periodically provide Client and Representative(s) feedback regarding treatment progress and invite participation in the discussion.

As minors are often strongly impacted by their environment while having limited power to influence their surroundings, Therapist will use her clinical judgment to determine which therapeutic modalities may best serve Client. Such modalities may include, but are not limited to, individual, family, dyad (i.e., parent and child or siblings), family, and parenting sessions or a combination of more than one modality.

While Therapist may utilize clinical knowledge and psychological guidance to assist Client and/or Representative(s) in exploring life options, the ultimate actions of Client's and/or Representative(s) are not within Therapist's control.

Participating in therapy may result in a number of benefits to Client including, but not limited to, reducing stress and anxiety; decreasing negative thoughts and self-sabotaging behaviors; improving interpersonal relationships; enhancing comfort in social, work, and family settings; increasing capacity for intimacy; improving self-confidence; and resolving specific concerns that led Client to seek therapy. Such benefits may also require substantial effort on the part of Client, as well as his/her caregivers and/or family members, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. This discomfort may also extend to other family members, as they may be asked to address difficult issues and family dynamics. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which Therapist will challenge the perceptions and assumptions of the Client or other family members, and offer different perspectives. The issues presented by Client may result in unintended outcomes, including changes in personal relationships.

During the therapeutic process, many Clients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Client and Representative(s) should address any concerns they have regarding Client's progress in therapy with Therapist. Due to the varying nature and severity of problems and the uniqueness of each Client, Therapist is unable to predict the length of therapy or to guarantee a specific outcome or result.

---

**Initial**

### *Policy Regarding Consent for the Treatment of a Minor*

Representatives provide a pivotal role in the treatment of minor Clients. In order to nourish a therapeutic team between Therapist, Client, and Representative(s); in intact parental units (married couples), Therapist generally requires the consent of *both* parents prior to providing any services to a minor client. In instances of adoption, parental separation/divorce, foster care, and other alternative family units, wherein any question exists regarding the authority of Representative to give consent for psychotherapy, Therapist will require that Representative submit supporting legal documentation (such as a custody order). Proof of legal guardianship must be verified by Therapist before therapy can begin and all legal guardians mentioned on such documentation are generally requested to sign the consent to treatment of the child prior to onset of services.

It is the responsibility of the Representative(s) who holds joint custody of a minor Client to inform the other legal guardian that Client is participating in counseling. Be advised that the other legal guardian may seek

information and/or records pertaining to treatment and/or may object to counseling for the minor Client and terminate treatment.

---

Initial

### Safety

Therapist places great importance in providing for the wellbeing and safety of minor Clients while at the facility. Therapist is not responsible or liable for the care of minor Clients other than during the Client's actual therapy session. Therapist seeks the cooperation of the Representative(s) and requests that Representative(s) ***do not*** leave Client unattended on the premises. Therapist cannot provide supervision for Client other than that which is reasonable during the actual therapy session.

If Representative must absolutely leave Client unattended at Therapist's office, Therapist requires Representatives(s) to do the following for the safety of Client:

1. Notify the receptionist on duty or Therapist where Representative(s) (or other responsible individual) can be reached in an emergency.
2. Return prior to the end of Client's session. Representative(s) are required to be at Therapist's office and prepared to pick up Client **at least 15 minutes** prior to the end of session.
3. Drop-off and pick-up clients under the age of 12 from Therapist's office waiting area. Clients under the age of 12 will not be permitted to meet Representative(s) at the car after sessions.

---

Initial

### Confidentiality

The information disclosed by Client is generally confidential and will not be released to any third party without written authorization from Client and/or Representative(s), except when required or permitted by law. Exceptions to confidentiality, include, but are not limited to, reporting reasonable suspicion of child, elder and dependent adult abuse and/or neglect (past or present), when Client makes a serious threat of violence towards a reasonably identifiable victim, when Client is dangerous to him/herself or the person or property of another, when Client is deemed to be gravely disabled, or when a court of law issues a legitimate subpoena for Client's records. Be advised that in cases in which Client makes a serious imminent threat to others, Therapist is required by law to protect potential victims by notifying them and/or the legal authorities so that protective measures can be taken. In addition, a federal law known as The Patriot Act of 2001 requires therapists contacted by FBI agents to provide books, records, papers, documents and other items relating to Client, while prohibiting the therapist from disclosing to Client or Representative(s) that the FBI sought or obtained the items. Disclosure may be required if Client initiates litigation placing his/her mental status at issue in a lawsuit. Being that in family therapy the entire family (the treatment unit) is seen as the Client, Therapist will not release records to any outside party unless all person(s) who participated in the treatment unit provide their written authorization.

Communications between therapists and clients who are minors are confidential. However, Representatives are often involved in the minor Client's treatment. Consequently, Therapist, in the exercise of professional judgment, may discuss the treatment progress of a minor Client with the Representative(s). Nonetheless, in order to foster a trusting relationship between Therapist and Client and create a more effective therapeutic environment, detailed information shared by Client will be treated with full confidentiality by Therapist unless required by law. Should in the course of treatment a Client who is a minor reveal that he/she is engaging in a not-legally reportable yet persistent behavior that is deemed harmful or dangerous, Therapist will use clinical judgment to determine whether, when, and to what extent this information will be disclosed to Representative(s). Therapist will also, if appropriate, first give the Client the opportunity to make the disclosure to his/her Representative(s). Clients who are minors and their Representative(s) are urged to discuss any

questions or concerns that they have on this topic with Therapist.

---

Initial

### *Confidentiality and Family Therapy*

In family therapy, the family (the treatment unit) is seen as the Client. During the course of therapy with a family, Therapist may see a smaller part of the treatment unit (e.g., an individual, two siblings, etc.) for one or more sessions. These sessions should be seen as a part of the work that Therapist is doing with the family, unless otherwise indicated. If any member of the treatment unit is involved in one or more of such sessions with Therapist, please understand that these sessions are confidential in the sense that Therapist will not release any confidential information to a third party unless required by law or given written authorization. In fact, since these sessions can and should be considered a part of the family therapy, Therapist would also seek the authorization of all other individuals in the treatment unit before releasing confidential information to a third party.

---

Initial

### *Treatment of “Secrets” in Family and Couple Therapy*

Those in family therapy, should be advised that Therapist considers the family (the treatment unit) to be the Client. In such cases, in order to prevent, to the extent possible, conflicts of interest arising where an individual’s interests may not be consistent with the interests of the unit being treated, Therapist will abide by a “no-secrets” policy—meaning that Therapist needs to ensure that information learned in a session consisting of only a portion of the treatment unit is known by the entire treatment unit. For instance, information learned in the course of a session with one member of the family may be relevant or even essential to the proper treatment of the entire treatment unit (i.e., the family as a whole). If Therapist is not free to exercise clinical judgment regarding the need to bring this information to the family during their therapy, Therapist might be placed in a situation where treatment of the family would need to be terminated. This policy is intended to prevent the need for such a termination. Hence, in order to more effectively serve the unit being treated, Therapist will make a clinical judgment as to whether, when, and to what extent to make disclosures to the treatment unit, and will also, if appropriate, first give the individual or the smaller part of the treatment unit being seen the opportunity to make the disclosure. Thus, if any individual within a family therapy unit feels it necessary to talk about matters that he/she absolutely wants to be shared with no one else, this individual might want to consult with an individual therapist who can treat him/her individually. Do not hesitate to ask Therapist any questions regarding the “no secrets” policy and how it may apply.

---

Initial

### *Confidentiality During None Face-to-Face Communications*

It is very important to be aware that e-mail and cell phone communication can be accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, in particular are vulnerable to such unauthorized access due to the fact that the server has unlimited and direct access to all e-mails that go through them. Faxes and items sent by the postal services can easily be sent erroneously to the wrong address. Subsequently, Therapist will not be utilizing e-mail to communicate with Client and/or Representative(s). Clients and representatives who decide to avoid or limit in any way the use of any or all of the above mentioned communication devices should notify Therapist. Please do not use e-mail or faxes for emergencies.

**Please be advised that Therapist will be using her confidential work cell phone to contact Client, Representative(s), and/or any authorized third-party during normal business hours.**

Client should indicate his/her preferred means of being contacted by checking one or more of the choices listed below. Clients who do not wish to be contacted at a particular time or place, or by a particular means should inform Therapist.

My therapist may call me at my home. My home phone number is: \_\_\_\_\_

My therapist may call me on my cell phone. My cell phone number is: \_\_\_\_\_

My therapist may call me at work. My work phone number is: \_\_\_\_\_

My therapist may send mail to me at my home address. My home address is: \_\_\_\_\_

My therapist may send mail to me at my work address. My work address is: \_\_\_\_\_

My therapist may communicate with me by email. My email address is: \_\_\_\_\_

**(Please note that, with the possible exception of sending potential clients initial documents, Therapist will not initiate e-mail contact and will merely send a reply noting "retrieval confirmation" should Client contact Therapist via e-mail.)**

My therapist may send a fax to me. My fax number is: \_\_\_\_\_

Do not contact me or leave voicemails for me at: \_\_\_\_\_

Representative(s) should indicate his/her preferred means of being contacted by checking one or more of the choices listed below. Representative(s) who do not wish to be contacted at a particular time or place, or by a particular means should inform Therapist.

Therapist may call me at my home. My home phone number is: \_\_\_\_\_

Therapist may call me on my cell phone. My cell phone number is: \_\_\_\_\_

Therapist may call me at work. My work phone number is: \_\_\_\_\_

Minor Client's therapist may send mail to me at my home address. My home address is: \_\_\_\_\_

Therapist may send mail to me at my work address. My work address is: \_\_\_\_\_

Therapist may communicate with me by email. My email address is: \_\_\_\_\_

**(Please note that, with the possible exception of sending potential clients initial documents, Therapist will not initiate e-mail contact and will merely send a reply noting "retrieval confirmation" should Representative contact Therapist via e-mail.)**

Therapist may send a fax to me. My fax number is: \_\_\_\_\_

Do not contact me or leave voicemails for me at: \_\_\_\_\_

Initial

### Client Litigation

Therapist will not voluntarily participate in any litigation, or custody dispute in which Client, or Representative(s), and another individual, or entity, are parties. Therapist has a policy of not communicating with Representative's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Client's, or Representative's, legal matter(s). Therapist will generally not provide records or testimony unless compelled to do so. Should Therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Client, Representative agrees to reimburse Therapist for any time spent for preparation, travel, or other time in which Therapist has made herself available for such court appearances and/or preparations at an hourly rate of \$250.00. In addition, Therapist will not make any recommendation as to custody or visitation regarding Client. Therapist will make efforts to be uninvolved in any custody dispute between Client's parents.

Initial

### Psychotherapist-Client Privilege

The information disclosed by Client, as well as any records created, is subject to the psychotherapist-client

privilege. The psychotherapist-client privilege results from the special relationship between Therapist and Client in the eyes of the law. It is akin to the attorney-client privilege or the doctor-client privilege. Typically, the Client is the holder of the psychotherapist-client privilege. If Therapist receives a subpoena for records, deposition testimony, or testimony in a court of law, Therapist will assert the psychotherapist-client privilege on Client's behalf until instructed in writing to do so otherwise by a person with the authority to waive the privilege on minor Client's behalf. When a Client is a minor child, the holder of the psychotherapist-client privilege is either the minor, a court appointed guardian, or minor's counsel. Parents typically do not have the authority to waive the psychotherapist-client privilege for their minor children, unless given such authority by a court of law.

Client or Representative(s) should be aware that he/she might be waiving the psychotherapist-client privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding. Client or Representative(s) should address any concerns he/she might have regarding the psychotherapist-client privilege with his/her attorney.

---

Initial

### Professional Consultation

Professional consultation is an important component of a healthy psychotherapy practice. As such, Therapist regularly participates in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, Therapist will not reveal any personally identifying information regarding Client or Client's family members or caregivers.

---

Initial

### Records and Record Keeping

Therapist may take notes during session, and will also produce other notes and records regarding Client's treatment. These notes constitute Therapist's clinical and business records, which by law, Therapist is required to maintain. Such records are the sole property of Therapist. Therapist will not alter her normal record keeping process at the request of any client and/or representative. Should Client or Representative(s) request a copy of Therapist's records, such a request must be made in writing. Therapist reserves the right, under California law, to provide Client or Representative(s) with a treatment summary in lieu of actual records. Therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. In the event that copies or summaries of records are provided, Representative(s) will be charged a minimum of \$0.25 per page and a pro rata fee for any labor involved in making copies and/or summaries. Representative will generally have the right to access the records regarding Client. However, this right is subject to certain exceptions set forth in California law. Should Representative request access to Therapist's records, such a request will be responded to in accordance with California law.

Therapist will maintain Client's records for ten years following termination of therapy, or when Client is 21 years of age, whichever is longer. However, after ten years or age 21, Client's records will be destroyed in a manner that preserves Client's confidentiality.

---

Initial

### Fee and Fee Arrangements

Therapist's customary fee for service is:

\$ 120.00 per 50-minute therapy session (customary designated length for individual, collateral, or parental coaching)

\$ 200.00 per 80-minute therapy conjoint session (customary designated length for parent-child units, sibling units, families, etc.)

\$ N/A per 110-minute group therapy session

The agreed upon fee between Therapist and Representative(s) is \$\_\_\_\_\_ for \_\_\_\_\_ minutes.

Sessions longer than the specified length noted above are charged for the additional time pro rata. Therapist reserves the right to periodically adjust this fee. Representative(s) will be notified of any fee adjustment in advance. A list of referral(s) to other mental health professionals will be offered to Representative(s) if Representative(s) and Therapists cannot reach an agreement regarding fees. In addition, this fee may be adjusted by contract with insurance companies, HMOs, managed care organizations, or other third-party payers, or by agreement with Therapist. Representative(s) is responsible for payment of the agreed upon fee (on a pro rata basis) for any extended session fees not covered by third-party payers.

Session fees (including deductibles and co-pays) are payable at the start of each session and pro rata fees (recruited as a result of extended sessions or services offered between sessions) will be collected at the beginning of the next face-to-face session.

From time-to-time, Therapist may engage in telephone contact with Client and/or Representative(s) for purposes other than scheduling sessions. Representative(s) is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than 10 minutes. In addition, occasionally, Therapist may engage in telephone contact with third parties at the request of Client and/or Representative(s) and with the advance written authorization of Representative(s). Representative(s) is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls with third parties longer than 10 minutes. Furthermore, any site visits, report writing and reading, consultation with other professionals, reading records, travel time, etc. initiated and/or requested by Client and Representative(s) will be charged to the Representative(s) on a pro rata basis, unless indicated and agreed otherwise.

Initial

### Insurance

Therapist is a contracted provider with some insurance companies and has agreed to a specified fee. If Representative(s) intends to use benefits of his/her health insurance policy, Representative(s) agrees to inform Therapist in advance and to clarify if his/her insurance is compatible with Therapist's contracted panels.

Representative(s) is responsible for any and all fees not reimbursed by his/her insurance company, managed care organization, or any other third-party payer. Representative(s) is responsible for verifying and understanding the limits of his/her coverage, as well as his/her co-payments and deductibles. Representative(s) should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions.

In case in which Therapist is not contracted with Representative's insurance company or managed care organization Therapist is willing to:

- Provide Representative(s) with a statement, which Representative(s) can submit to the third-party of his/her choice to seek reimbursement of fees already paid. Please note that this indicates that Representative(s) must pay Therapist at the time of services and then seek reimbursement from their third-party payer.
- Consult with Representative(s) to see if he/she qualifies for an income based reduced fee. Representative(s) wishing to explore this option, should inform Therapist in advance.

As is indicated in the section *Health Insurance and Confidentiality of Records*, Representative(s) must be aware that submitting a mental health invoice to third-parties for reimbursement carries a certain amount of risk. Not all issues/conditions/problems, which are the focus of psychotherapy, are reimbursed by insurance companies.

It is the responsibility of Representative(s) to verify the specifics of his/her coverage.

\_\_\_\_\_  
Initial

### Health Insurance and Confidentiality of Records

Disclosure of confidential information may be required by Representative(s)' health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If Representative(s) instructs Therapist, through a written authorization, only the minimum necessary information will be communicated to the carrier. Therapist has no control or knowledge over what insurance companies do with the information submitted or who has access to this information. Client and Representative(s) must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or future capacity to obtain health or life insurance. The risk stems from the fact that accessibility to companies' computers is inherently vulnerable to unauthorized access. Medical data has been reported to be sold, stolen, or accessed by enforcement agencies, which put Client in a vulnerable position.

\_\_\_\_\_  
Initial

### Sliding Scale

Therapist has very limited openings for clients seeking sliding fee accommodations. A sliding scale is offered based on income and will be renegotiated as Representative's income changes. Should Representative(s) need such accommodations, he/she should discuss the issue with Therapist.

\_\_\_\_\_  
Initial

### Financial Information

Annual household income of Representative(s) \_\_\_\_\_

Number of people in household \_\_\_\_\_

How do you intend to pay for treatment? (cash, check, insurance) \_\_\_\_\_

#### ***If planning to use health insurance:***

Name of insurance company \_\_\_\_\_

Policy number \_\_\_\_\_ Group number \_\_\_\_\_

Telephone number \_\_\_\_\_

Name of insurance company \_\_\_\_\_

Policy number \_\_\_\_\_ Group number \_\_\_\_\_

Telephone number \_\_\_\_\_

Therapist will obtain a copy of Representative(s)' insurance card(s) at the initial visit.

\_\_\_\_\_  
Initial

### Cancellation Policy

Sessions are typically scheduled once a week at a consistent time, if possible. Therapist may suggest a different frequency of sessions depending on the nature and severity of minor Client's concerns. Client's consistent attendance greatly contributes to a successful outcome. Since scheduling of an appointment involves the reservation of time specifically for Client, a minimum of **24 hours (1 full day)** notice is required for rescheduling or cancelling an appointment. The full fee will be charged to Representative(s) for sessions missed without such advance notification. Be aware that if Client is more than 15 minutes late for his/her

appointment without informing Therapist, it will be assumed that Client is not attending the scheduled appointment, will lose his/her appointment slot for that day, and Representative(s) will be charged the full session amount. Most insurance companies do not reimburse for missed sessions. Hence, unless Therapist and Representative(s) have reached a different agreement in writing, Representative(s) will be responsible for the fee of the missed session. All cancellations must be done in person at previous session or by calling 408-691-6528.

---

Initial

### Termination of Therapy

Therapist reserves the right to terminate therapy at her discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, Client needs are outside of Therapist's scope of competence or practice, or Client is not making adequate progress in therapy. Client or Representative(s) has the right to terminate therapy at his/her discretion. Upon either party's decision to terminate therapy, Therapist will generally recommend that Client participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. Therapist will also attempt to ensure a smooth transition to another therapist by offering referrals to Client or Representative(s).

---

Initial

### Therapist Availability

Telephone consultations between office visits are welcome; however, Therapist will attempt to keep those contacts brief due to the belief that important issues are better addressed within regularly scheduled sessions. Client and/or Representative(s) can leave a message at any time on Therapist's confidential voicemail noting that Therapist will not check messages after 5pm on work days. Therapist will make every effort to return routine calls within 24-48 hours (or within two business days), but cannot guarantee that calls will be returned immediately. Therapist is unable to provide 24-hour crisis service and does not carry a pager. **In the event that Client is feeling unsafe or requires immediate medical or psychiatric assistance, he/she should call 911, or go to the nearest emergency room.**

In cases where Therapist will be unavailable to Client for an extended period due to personal/health reasons or vacation, Client and/or Representative(s) will be provided the contact information of other mental health services.

---

Initial

### Acknowledgement

By signing below, Representative(s) acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Representative(s) has discussed such terms and conditions with Therapist, and has had any questions with regard to its terms and conditions answered to Representative's satisfaction. Representative(s) agrees to abide by the terms and conditions of this Agreement and consents for minor Client to participate in psychotherapy with Therapist. Moreover, Representative(s) agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, except negligence, that may result from such treatment. In addition, Representative(s) understands that he/she is financially responsible to Therapist for all charges, including unpaid charges by Representative(s)' insurance company or any other third-party payer.

---

Client name (print)

Date

Optional Signature (if 12 and older)

---

Name and Relation of Representative (print)	Date	Signature
---	------	-----------

---

Name and Relation of Representative (print)	Date	Signature
---	------	-----------

**Dokie Riahi, LMFT**

---

Therapist (print)	Date	Signature
-------------------	------	-----------