



A BETTER LIFE THERAPY, LLC

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Agreement for Psychotherapy of a Minor

I, _____, the parent/legal guardian of the
minor, _____, give my permission for this minor to receive therapy.

These services are to be provided by _____. The fees for these
services will be \$_____ per session of service.

This therapist's office policies concerning missed appointments have been explained to me.

I have been told about the risks and benefits of receiving these services and the risks and
benefits of not receiving these services, for both this minor and his or her family.

Because of the laws of this state and the guidelines of the therapist's profession, these rules
concerning privacy will be used:

1. See Notice of Privacy Practices

Throughout treatment the therapist and parent will be in contact and parents are able to ac-
cess records until the minor reaches the age of 14. We will continue to monitor progress to-
gether.

