

Ariella Soffer, Ph.D. PLLC  
330 West 58<sup>th</sup> Street, Suite 409  
New York, NY 10019  
646.300.5095

Agreement for Psychotherapy with a Minor

I, \_\_\_\_\_, the parent/legal guardian of the minor,  
\_\_\_\_\_ give my permission for this minor to receive  
psychotherapy provided by the therapist named above.

The fees for these services will be \$250 per session. I have reviewed the patient services agreement that explained information regarding the psychotherapy process including the risks and benefits of receiving these services, as well as the policy for missed appointments.

I agree to play an active role in this treatment as needed, and I give this therapist permission to begin this treatment as shown by my signature below.

\_\_\_\_\_

Signature of parent/guardian

\_\_\_\_\_

Date