



**Sasha Esposito San Román  
Marriage and Family Therapist, Inc.  
2170 The Alameda, #300, San Jose CA 95126**

**Email: sashaesposito@gmail.com Website: sashaesposito.com  
Cell: 408 348-3896 VM: (408) 378-6510**

Licensed Marriage and Family Therapist MFC#37388

**Informed Consent for Treatment of a Minor**

I will work to provide the most effective treatment possible. Most clients undergoing psychotherapy experience improvement, however, this cannot be guaranteed. Psychotherapy may involve a variety of different activities. First, your child would be assessed and therapeutic services would be designed to resolve or reduce any problems found in that assessment. There may be individual sessions, discussions with you which may involve ways to help your child outside of therapy, and/or family sessions. Therapy may focus on feelings, thoughts, relationships, and/or behaviors. With young children, therapy generally includes play activities used as a means of understanding and communications.

Psychotherapists have professional training and you have the right to inquire fully about my credentials, education and experience. Psychotherapy involves complete confidentiality between family and clinician. However, current laws and ethic require all therapists to make exceptions in the following circumstances to break confidence:

- The client presents a clear and present danger to self or others.
- The client communicates to the therapist a threat of physical violence against a clearly identified or reasonably identifiable victim, or the therapist has a reasonable basis to believe there is a clear and present danger of physical violence against such a victim.
- The client introduces his or her mental condition as a defense in a legal proceeding.
- In child custody or adoption cases, the judge determines that the therapist has information bearing significantly on the client’s ability to provide suitable care.
- The client initiates legal action against the therapist.
- The therapist has grounds to believe a child under the age of 18 or an elderly person (over age 60), or a handicapped adult, has been or is at risk of being abused or neglected.
- The therapist has reason to believe a health care professional has engaged in professional misconduct.
- A judge orders the therapist to release client information.

I, \_\_\_\_\_, confirm that I am the legal guardian of \_\_\_\_\_, and I indicate by my signature on this form that I consent to treatment for this child, and that I understand and consent to the above conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please Print Name: \_\_\_\_\_

**Please initial the following to indicate your agreement/consent:**

- \_\_\_\_\_ Agreed fee is \$150 per 50 minute psychotherapeutic hour (or as otherwise agreed: \$ \_\_\_\_\_)
- \_\_\_\_\_ & \$185 home visit pr 50 minute psychotherapeutic hour (or as otherwise agreed: \$ \_\_\_\_\_)
- \_\_\_\_\_ Agreed by parents to accept & support confidentiality between child and therapist



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**Dear Client/Parent or Guardian,**

The following are policies that I follow regarding the business aspect of my work. Please read them carefully. If you have any questions or concerns at any point in our work together, I welcome you to talk about them with me during our work together.

**Fees:**

Your fee for each 50 minute psychotherapeutic hour, payable either immediately before or after each session. Your fee will be established during our first session and reviewed periodically for appropriate changes. You will be given at least one month's notice in the event of a fee increase.

There is a flat fee for group therapy, payable weekly for ongoing groups and prior to the beginning of time-limited groups. Groups are from 1 1/4 to 1 1/2 hours long depending upon the type of group.

Victim Witness clients' fees will be paid for by Victim Witness. Please note that Victim Witness clients are responsible for the Cancellation/Failed Appointment Fee (below) to the extent of the Victim Witness payment.

Your hourly fee will be applied, on a pro-rata basis, to all telephone consultations over 15 minutes.

Your fee may be covered by your insurance company. If you need information from me in order to obtain reimbursement we can discuss the requirements on a case by case basis. Regardless of the insurance coverage, each client is responsible for his or her fees for treatment.

There is a \$15. (fifteen dollar) return check charge for all checks returned by the

bank. These charges can add up quickly, if you foresee any complications in payment let's discuss it ahead of time so we can avoid this added charge.

**Cancellations and Failed Appointments:**

Please keep all appointments. Consistency in our work is a key factor to progress and growth. If something unforeseen prevents you from keeping your appointment please leave a message on my voicemail (408) 378-6510. A 24-hour notice is required to avoid being charged for regular session fees for the missed appointment.

**Informed Consent and Confidentiality:**

I am a licensed Marriage and Family Therapist (MFC# 37388). Information discussed in our sessions will remain confidential unless...

- ♦ Client consents in writing
- ♦ Court orders a release of information
- ♦ Client presents a physical danger to self or others
- ♦ Child, elder, or dependant adult abuse or neglect is suspected

**Crisis Situations:**

Because I work in a private practice setting I am unable to provide 24-hour crisis service. If an emergency should arise requiring immediate attention, the following resources on page 3 of this form are available 24-hours a day. If at all possible, please leave a message on my voicemail informing me of your situation in addition to contacting one or more of the agencies listed on page 3.

I \_\_\_\_\_ have read and fully understand all information this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CRISIS & RESOURCE PHONE NUMBERS

- ☒ Suicide and Crisis Service.....(408) 279-3312
- ☒ Gateway (alcohol & drug treatment referrals).....1 (800) 488-9919
- ☒ AA (Main number).....(408) 374-8511
- ☒ Alanon (Main number).....(408) 379-9375
- ☒ Support Network for Battered Women.....(800) 572-2782
- ☒ Next Door (domestic violence).....(408) 279-2962
- ☒ Bay Area Impact (formerly BAMM).....(408) 928-3860
- ☒ Adult Protective Services.....(408) 928-3860
- ☒ Child Protective Services.....(408) 299-2071
- ☒ Contact Hotline (for teens and also for parents).....(408) 279-0303
- ☒ Red Cross Runaway Hotline.....1 (800) 231-6946
- ☒ The Bridge (rape crisis).....(408) 779-2115
- ☒ Valley Medical Psychological Services.....(408) 885-6100
- ☒ Emergency calls for police, fire & ambulance.....911
- ☒ Educational Consultant Sue Strand.....(408) 927-8894
- ☒ Gay & Lesbian National Hotline.....1 (888) THE-GLNH



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**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION (for minor)**

**By signing this form below, I hereby give my consent for release of information between:**

**Sasha Esposito San Roman, M.A., MFT (MFC# 37388)**  
2170 The Alameda, #300, San Jose CA 95126  
Phone: (408) 378-6510

and

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In regards to:**

**Name:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**My signature below also indicates that I understand all communication between the first two above mentioned parties may include, but is not limited to: diagnosis; legal status; results of psychological and vocational tests; pertinent summary of psychosocial and psychiatric history; treatment summary; and, medical information/test results.**

**I extend this authorization with the knowledge that such contact discloses the fact that my child has received and/or is receiving mental health services. This authorization shall remain in effect until such time as I withdraw it by written notification to all parties named herein.**

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**Signature**

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**Date**



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### Consent for Emergency Contact

By signing this form in the space provided below, I give my consent to allow contact by whomever Sasha Esposito has deemed appropriate and safe should any situation arise where Sasha would be unable to meet or continue treatment due to unexpected circumstances such as illness, injury or death. I have been informed that Sasha has established a trusted team of colleagues to handle such an event, and I give my consent for them to access my contact information in order to get in touch with me.

Client's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent/Legal Guardian name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell/pager: \_\_\_\_\_

\_\_\_\_\_ It is OK to leave message

Occupation: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary language spoken in home: \_\_\_\_\_

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Signature

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Date



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## Initial Intake Form

Initial contact date: \_\_\_\_\_ Termination date: \_\_\_\_\_

Referred by: \_\_\_\_\_

Client's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F Age: \_\_\_\_\_

School: \_\_\_\_\_ Teacher name: \_\_\_\_\_

Parent/Legal Guardian name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone/pager: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary language spoken in home: \_\_\_\_\_

Ethnicity(ies): \_\_\_\_\_

If client lives in more than one location or in a special circumstance, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list all persons living in home:

Name	Relationship	Occupation/School	D.O.B.
------	--------------	-------------------	--------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there a past or current therapist for this client?  Yes  No

If yes, name: \_\_\_\_\_

Phone: \_\_\_\_\_

Release signed permitting communication

Is there a past or current social worker for this client?  Yes  No

If yes, name: \_\_\_\_\_

Phone: \_\_\_\_\_

Release signed permitting communication

Family doctor name: \_\_\_\_\_

Phone: \_\_\_\_\_

Release signed permitting communication

Is the client currently taking any medication?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Family history: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School/employment history: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History of presenting problem(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What has been done to address presenting problem(s) to date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the client have any physical disabilities?  Yes  No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



What are the clients strengths, abilities or interests? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe special resources/referrals needed for this case \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Termination Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(IF YOU ARE A PARENT, PLEASE COMPLETE THE NEXT PAGE...)**

## INTAKE QUESTIONS

FOR PARENTS (please write about the following questions on a separate paper)...

1. What are your present concerns about your son/daughter?
2. How have you become a more effective parent?
3. Do you "cover" or excuse your child's misbehavior?
4. How do you handle stress & disappointment?
5. How do you show your child/ren that you care about them?
6. Are drugs or alcohol a part of your life? Please explain.
7. What rules/laws does your child continue to break and what is your response?
8. Is drug and alcohol a part of your child's lifestyle and what are you doing about it?
9. Has your son/daughter spent the night away from home without permission?
10. Do you insist on your child completing their nightly homework?
11. Please say a little about what you hope can be achieved with counseling.
12. What are your concerns and feelings about family counseling?

FOR KIDS (please write about the following questions on a separate paper..)

1. Describe 5 things you would like to change in your life
2. Describe 5 mistakes you have made in your life
3. What is the atmosphere in your home/family?
4. Describe your mom/stepmom.
5. Describe your dad/stepdad.
6. Describe yourself.
7. How do you show your parents that you care about them?
8. What 3 academic or intellectual successes have you had?
9. Write about 3 ways you have grown emotionally?
10. Write about 3 healthy relationships you have in your life?
11. How much time do you spend, on average, doing homework and how do you feel about it?
12. Are you doing any self-destructive or destructive behaviors?
13. Are drugs and/or alcohol part of your life?
14. What changes would you like to see in your family?
15. What are some other important things I should know about you?
16. What other questions do you think should be included on this questionnaire?