Aimeé E. Short, LPC
9855 E. Larkspur Dr.
Scottsdale, AZ 85260
Licensed Professional Counselor | AZ LPC-11162
(480) 329-5636
Aimeé@IamDrShort.com

Minor Intake and Guardian Informed Consent

Parent or legal guardian: Please complete the intake questions these questions about your child and review the consent and office policies. Your child may discuss sensitive concerns privately with Aimeé Short, subject to the confidentiality limits below. Complete the telehealth addendum only if receiving services remotely.

Minor client information

Child's full name _____ Date of birth _____ Age _____

Street address _____ City _____ State_____ ZIP _____

Guardian primary phone _____ Alternate phone _____

Guardian email _____ Child's school and grade _____

Parents or guardians and relationship to child _____

Siblings (ages) other and household members _____

Referral source _____ Reason for referral _____

Communication Preferences

May the office leave a message identifying the practice or Aimeé Short on a guardian's phone?

Primary: ☐ Yes ☐ No Alternate: ☐ Yes ☐ No

For scheduling and billing the signing guardian permits: ☐ Phone ☐ Email ☐ Text ☐ Other _____

Ordinary email and text may carry privacy risks. These preferences do not authorize disclosure to another person or replace separate telehealth consent.

Reasons for seeking care

What brings your child to counseling now? _____
What changes or goals matter to your child and family? _____

Guardian Information and Legal Authority

Please identify every person with legal decision-making authority for the child. A stepparent, relative, foster parent, or caregiver does not automatically have authority to consent. Provide current documents supporting the signer's authority when applicable.

Parent or Legal Guardian 1

Full name _____ Relationship _____

Address _____

Phone _____ Email _____

Legal authority for health care decisions _____

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Parent or Legal Guardian 2

Full name _____ Relationship _____

Address _____

Phone _____ Email _____

Legal authority for health care decisions _____

Legal decision making and court orders

☐ Parents share legal authority ☐ Sole authority ☐ Court-appointed guardian

☐ Other legal custodian or authorized decision maker _____

☐ No court orders ☐ Orders provided ☐ Orders pending review

Provide current parenting plans, legal decision-making orders, guardianship or custody orders, and any relevant protective orders. Identify limits on consent, access to records, contact, or disclosure of addresses.

Documents and relevant restrictions _____

Known disagreement about this treatment _____

The counselor will review applicable authority and court orders to determine whose consent is needed. This form does not assume that two signatures are always required or that one signature is always sufficient. Ordinary treatment begins only after sufficient lawful consent is obtained; emergency and other statutory exceptions are handled separately.

Counselor verification before treatment

Identity and authority verified by _____ Date _____

Required signers and legal basis _____

Court orders reviewed and copies retained _____

For parental consent obtained by telehealth, identity verified at the consent location by:

Method _____ Location _____ Date _____

Health History and Safety

Current medical or psychiatric conditions _____

Medications and supplements with doses _____

Prescriber names and contact information _____

Primary care clinician and contact information _____

Previous counseling or therapy: ☐ Yes ☐ No Approximate dates _____

Psychiatric hospitalization or emergency mental health care: ☐ Yes ☐ No

If yes, approximate dates and reasons _____

Alcohol or other substance use and any concerns _____

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Safety and Support

Please answer about your child to the best of your knowledge. Add "unknown" if unsure. Aimeé Short will follow up as clinically appropriate, including discussion with your child when appropriate. These answers do not by themselves determine a diagnosis or treatment decision.

Thoughts of suicide: ☐ Never ☐ In the past ☐ Currently

Suicide attempts or intentional self injury: ☐ Never ☐ In the past ☐ Currently

Thoughts of seriously harming someone else: ☐ Never ☐ In the past ☐ Currently

Feeling unsafe because of abuse, threats, or violence: ☐ No ☐ In the past ☐ Currently

Details you wish to share and approximate dates _____

Emergency Contact

Name _____ Relationship _____

Phone _____ Alternate phone _____

Listing an emergency contact is not a general authorization to share treatment information. Contact will be made with your permission or as otherwise permitted or required by law.

Consent to Counseling Services

Nature and Course of Counseling

Counseling is a collaborative process of understanding concerns, identifying goals, and developing ways to improve well-being and functioning. Initial visits generally include assessment and discussion of treatment options. Depending on your child's age and needs, services may include conversation, therapeutic play or activities, coping-skills practice, and parent or family work within the counselor's competence. The proposed approach, frequency, expected course, and limitations will be discussed. Treatment length varies, and results cannot be guaranteed.

Counseling can provide support, improve coping, and help your child develop new perspectives and choices. It may also bring uncomfortable feelings, difficult memories, or changes in relationships. You and your child may ask questions about recommended procedures, benefits, limitations, risks, and alternatives. A legally authorized decision maker may refuse a recommendation or withdraw consent; Aimeé Short will explain the possible consequences, safety risks, and alternative care options. Your child's views and willingness to participate will be considered in a developmentally appropriate way.

Before using any specialized intervention beyond play therapy, Aimeé Short will explain its purpose and obtain appropriate consent. If a proposed approach is not generally established, its developing nature, potential risks, available alternatives, and voluntary participation will be discussed.

Confidentiality and Its Limits

Your child's treatment information and records are confidential and protected by applicable law. Written authorization is generally required outside legally permitted or required disclosures. Parent and guardian access is explained separately below. Relevant exceptions include the following:

Safety: Information may be disclosed as permitted by law to protect you or others from serious harm. When the legal criteria for a duty to protect an identifiable person are met, appropriate protective action will be taken. A safety concern does not automatically require every type of disclosure.

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Mandatory reporting: Aimeé Short must make reports when Arizona law requires, including qualifying concerns about child abuse, neglect, sexual offenses, or nonaccidental injury and abuse, neglect, or exploitation of vulnerable adults. Reporting may occur without guardian permission or advance notice when required by law or necessary for safety.

Legal requirements: Information may be disclosed in response to a valid court order or another legally enforceable requirement, including authorized regulatory oversight. A subpoena or request does not automatically authorize unrestricted release.

Treatment and payment: Information may be used or disclosed as permitted by law for treatment, appropriate professional consultation, payment, and health care operations. Insurance claims may include a diagnosis, service dates, and other information needed to process a claim. Insurers may request additional treatment information. Disclosures will be limited as required by applicable law. Your separate Notice of Privacy Practices explains information practices and privacy rights more fully. Please ask questions about confidentiality before sharing information that concerns you.

Minor Privacy and Treatment Rights

Other People and Recordings

Before involving family members or other people, we will clarify who is the client, each person's role, and confidentiality limits. Written, dated consent is required before audio or video recording or third-party observation of treatment. This form does not grant that separate permission. Contact with schools or other providers will require an appropriate release unless otherwise legally authorized.

The child as the client and guardian involvement

The child is the identified client unless another arrangement is expressly agreed upon. Guardians may provide background information, participate in planning, and receive appropriate updates. Participation as a support person does not by itself make the guardian a separate therapy client.

Private time can help children and adolescents speak openly. Aimeé Short will discuss with the child and guardians what information is ordinarily shared and what may require disclosure. No promise of absolute secrecy from parents or guardians is made. An agreement about routine updates does not override legal access rights, safety duties, or court orders.

Unless a court order or law provides otherwise, both parents may have equal access to the child's health information on reasonable request, including a parent who does not control treatment decisions. Consent authority and records-access rights are separate questions. Applicable statutory protections, safety exceptions, and court restrictions will be evaluated for each request.

Records access

A parent or authorized legal representative may request access, copies, or information about records by contacting Aimeé Short at the office contact listed on this form. Submit a written request identifying the records needed. Identity and legal authority will be checked, and requests will be handled within applicable legal deadlines, subject to lawful exceptions. Any lawful denial will be documented and explained as required. A separate authorization is used for disclosures that require one.

Treatment planning and professional relationship

The child, as developmentally appropriate, and the legal representative may participate in treatment decisions and in creating, reviewing, and revising the treatment plan. A written plan will be developed collaboratively by completion of the fourth session, signed as required, and reviewed at least annually and as clinically indicated.

Counseling is a professional relationship with therapeutic boundaries. It does not create a friendship, business partnership, or social relationship. Concerns about boundaries, contact outside sessions, or the treatment process can be discussed directly. At age 18, consent and access arrangements will be reviewed under the laws applying to adult clients.

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Office Policies and Client Agreement

Appointments and Fees

A therapy session is 50 minutes. The fee is $160 per session, with payment due at the beginning of the session unless another arrangement has been agreed upon. Please provide at least 24 hours' notice to cancel or reschedule. A missed appointment or cancellation with less notice carries a $50 fee, subject to applicable law and payer rules. This fee is not billed to insurance. Acceptable methods of payment include: debit card, credit card, Zelle, Venmo, Apple Pay, and PayPal.

Telephone services lasting more than 10 minutes and other professional services may be billed separately. The applicable rate and billing increments align with clinical service fees. Brief scheduling and billing contacts are not clinical sessions.

Insurance Arrangements

Insurance participation and claim submission arrangements must be confirmed before treatment. If using, please bring the child's current insurance information. For insurance where Aimeé is not a provider, payment in full is generally due at the time of service unless otherwise arranged. Out-of-network benefits may reimburse part of your expense. Coverage or out-of-network reimbursement is not guaranteed. Guardians are responsible only for deductibles, coinsurance, and other charges that may lawfully be collected under applicable law and payer requirements. Any required advance notice for a potentially noncovered insurance service will be handled separately. Complete only if you plan to use insurance:

Insurance Carrier _____ Payor ID# _____ Name of Policy _____

Insured's Name: _____ Date of Birth: _____ Relation: _____

Member ID# _____ Group ID# _____

If benefits are used, the financially responsible guardian authorizes direct payment directly to Aimeé Short, LPC, where permitted. This assignment of benefits is not a blanket authorization to release the child's records.

Availability and Emergencies

Aimeé is often unavailable by telephone during appointments and during travel. Telephone messages are generally returned by the next business day, unless otherwise indicated. This practice does not provide continuous emergency coverage. Do not rely on voicemail, email, or text for urgent help. For immediate danger or a medical emergency, call 911 or go to the nearest emergency department. For mental health support, call 988.

Guardian Signatures and Minor Assent

Guardian consent and acknowledgment

I have reviewed this document, had an opportunity to ask questions and receive answers, and understand the services, confidentiality limits, records access, and financial policies. I have legal authority to consent for the child named here, as verified by the counselor. I voluntarily authorize counseling assessment and treatment by Aimeé Short, LPC as discussed. I understand my rights to participate in treatment planning and to refuse or withdraw consent after discussion of the consequences. I will promptly provide changes to court orders or legal decision-making authority.

Notice of Privacy Practices Receipt

☑ I received a copy of the office's Notice of Privacy Practices.

_____ _____ _____
Signature: Parent or legal guardian 1 Printed Name Date

Relationship and legal authority _____

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_____ _____ _____
Signature: Parent or legal guardian 2 Printed Name Date

Relationship and legal authority _____

If only one signature, documented basis for authority _____

Child or adolescent assent when developmentally appropriate

Aimeé explained counseling to me in a way I understand. I can ask questions, say what I want help with, and talk about things that worry me. I understand that safety concerns or the law may require sharing information with other people.

Child name or signature _____ Date _____

Counselor notes if assent is verbal, declined, or not developmentally appropriate:

_____

Child assent supports participation and does not replace the required guardian consent.