

Stephanie Sachs, LLPC Psychotherapist  
Comprehensive Psychotherapy & Family Services, PLLC  
EIN 81-1385183  
NPI 1710315148  
LIC 6401013950

950 Maple Rd; Suite L2  
Birmingham, MI 48009  
248-703-9249  
Fax 248-480-8644

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**Consent to Treat a Minor**

I \_\_\_\_\_ (parent or legal guardian), give permission to Stephanie Sachs to treat my minor child \_\_\_\_\_, DOB \_\_\_\_\_ for psychotherapy. I understand the limits of confidentiality and agree to them:

All content of what your child and I discuss are confidential unless:

- 1) Your child articulates a suicidal ideation which may be a credible intent to do so.
- 2) Your child articulates a homicidal ideation which may be a credible threat to another person.

I will explain to your child that if I believe anything else would be best discussed with you, I will tell your child why I believe that to be so, and how I would discuss the issue with you. I will encourage your child to tell you him/herself, while in the session room, with myself present. This empowerment redirects the relationship back to you, and fosters growth of trust between you. This also ensures you do become informed of my concern.

I will always strive to foster your relationship with your child, and will attempt to keep you aware of what your child is processing in sessions, with his/her permission. I will certainly keep you abreast of what I am teaching and how I am trying to help him/her. I am available to talk with you outside of sessions and on call 7 days and evenings a week, unless I have notified you in advance otherwise.

Short phone updates are complimentary, however phone consultations lasting more than 10" will incur the prorated charge of \$38/15 minute increment. This fee will be deducted from your credit card on record or added to your next session, according to your wishes.

Thank you for entrusting me with your child's well-being. I will honor that trust to the best of my ability and I look forward to working with you as well as your child.

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Signature and Date

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Printed name, signature of second parent and date

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