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Assent for Services for Adolescent Clients Under Age 18

This document contains information about my professional services and business practices. Your parents or legal guardians will be required to read and sign a similar but more detailed form, since they are legally responsible for your care. Please print out this form, read it carefully, sign it, and return it to me at your first appointment. Be sure to write down any questions you may have so that we may discuss them when we meet. Your signature on this form represents an agreement between us.

Background and Credentials

I am a Florida Licensed Psychologist (#PY 8082). My educational background includes a B.A. in Psychology from Smith College, an M.A. in Psychology from American University, and a Ph.D. in Clinical Psychology from American University. My graduate work included training and supervised experience in various types of therapy, including cognitive-behavioral therapy, psychodynamic therapy, humanistic therapy, and family-based treatment for adolescent eating disorders. I completed my pre-doctoral internship at the University of Miami Counseling Center, including a rotation with the Miami-Dade County Department of Human Services – Psychological Services Division. I completed my post-doctoral residency in supervised private practice.

Psychological Services

Our first session, which will last for approximately 2 hours, will involve an evaluation of your history and a discussion of the problems you are currently having. I will spend part of the session alone with you so that you may tell me about yourself and your view of your current difficulties. I will spend the next part of the session with your parents or guardians so that they may provide me with information about your history, your family, and their view of your current difficulties. At the end of the initial session, I will meet with you and your parents together to discuss a treatment plan that best suits your needs. If we decide that I am not the best therapist for you, I will provide you with referrals to other professionals who may be a better fit for you.

After the initial evaluation, psychotherapy sessions are typically scheduled once per week, with each session lasting for 50 minutes. However, for people with more severe difficulties, I may recommend two or three sessions per week. During the course of our work together, we may decide to increase or decrease the frequency of your sessions based on the progress you make.

You are expected to arrive on time and attend all of your scheduled appointments. If you are running late for an appointment, or if you need to cancel or reschedule an appointment, please call me as soon as possible.

Approach to Treatment

The specific treatment approach we decide to use will be based on a variety of factors, including your age, personality, preferences, and family situation as well as the types of problems you are experiencing.

The treatment methods I use are empirically-supported, which means that scientific research has demonstrated that these methods are particularly effective for treating certain problems. You can read more about these treatment approaches on my website in the “treatment” section.

Success in psychotherapy requires an active commitment on your part. At the start of our work together, we will have a conversation about which type of treatment best suits your needs. I will provide you with information and reading materials about your particular problem and the treatment approach we are using so that you will be fully informed.

In order for therapy to be most successful, you will be required to work on assignments between sessions. For example, I may recommend relaxation exercises, journaling, or other coping strategies for you to practice at home.

Family Involvement

Your family will be involved with your treatment to some degree. The amount of family involvement I recommend will be based on the difficulties you are experiencing, your family situation, your age, and my knowledge of the types of treatment that are most effective for your particular problems. Your family will participate in the initial assessment and treatment planning. If we decide that an individual treatment approach is best for you, I will meet with you alone on a weekly basis. If we decide that a family-based treatment approach is best for you, I will meet with your entire family together on a weekly basis, or we may decide to have some sessions with you alone and other sessions with your entire family.

Therapy works best when we form a trusting relationship in which you feel comfortable talking about anything that is on your mind. The specific information we discuss during individual sessions is private and I will not share it with anyone, including your parents. However, there are some exceptions to this rule. These exceptions occur when there is a threat to your life, health, or safety or a threat to the life, health, or safety of another person. For example, if you are planning to kill yourself or another person, I will have to share this information with your parents and with the necessary authorities in order to keep you and other people safe. As another example, if you have been the victim of child abuse, or if you are aware any child abuse, I am required by law to report this information to Florida’s Department of Child and Family Services. The purpose of this law is to protect you and other people from child abuse.

These situations are relatively rare. If a similar situation occurs in your case and I am required to share information about you with your parents or someone else, I will make every effort to discuss it with you fully before I take any action.

I will speak with your parents on occasion to give them general updates on your progress. It is important that your parents have a general sense of how you are doing because they are paying for your treatment and they are legally responsible for your care. I will also speak with your parents in order to educate them about the problems you are having and ways in which they can help you with these problems. For example, if you are feeling depressed, I will give your parents information about depression in teenagers and we would discuss ways that they could help you feel better at home.

Signature

Your signature below indicates that you have read this document and agree to abide by its terms during our work together.

Signature of Client

Date

Client's Name (please print)

Client's Date of Birth