CAITLIN R. BURGESS, JD, MA, LMFT
Professional Clinical, Legal, and Forensic Services

MFT Licenses: CA 94485, CO 0002744, FL 5503, NY 002402, TX 205147, WA 61090853
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AGREEMENT FOR SERVICE / INFORMED CONSENT

Consent to Treat a Minor

The undersigned is the responsible parent or legal guardian and hereby authorizes Caitlin R. Burgess, JD, MA, LMFT, and her clinical associate(s) to provide counseling to the minor(s) stated below. The parent or legal guardian understands that while a therapy session is based on a 50-minute long hour, some young children benefit from shorter sessions. The parent or guardian further recognizes that the transportation to and from, and the supervision of the child (or children) before and after session, is the sole responsibility of the parent or guardian. Caitlin R. Burgess, JD, MA, LMFT, and her clinical associate(s) do not allow unaccompanied children (under the age of 12) in the waiting room without direct parental supervision. Clinical services are provided by Caitlin R. Burgess, JD, MA, LMFT, and her clinical associate(s), who are either currently licensed or who are in training to become licensed therapists. Clinicians who are in training are supervised by Caitlin R. Burgess (CA MFT #94485 and WA LF #61090853) on a weekly basis. During supervision meetings, your information may be discussed. All information shared between clinicians, supervisors and administration is handled confidentially within my practice.

Notice to Clients: In California, the Board of Behavioral Sciences ("BBS") receives and responds to complaints regarding the practice of psychotherapy by any licensed or unregistered practitioner providing services at Caitlin R. Burgess, JD, MA, LMFT, Professional Clinical, Legal, and Forensic Services. To file a complaint, contact the BBS online at www.bbs.ca.gov or by calling (916) 574-7830 for assistance or utilize the Board's online license verification feature by visiting www.bbs.ca.gov. My full name as filed with the Board is Caitlin Burgess. My license type is licensed marriage and family therapist (LMFT). My license number is LMFT 94485. My license expires on August 31, 2026.

In Colorado, the Colorado Department of Regulatory Agencies (DORA) receives and

responds to complaints regarding the practice of psychotherapy by any licensed or unregistered practitioner providing services at Caitlin R. Burgess, JD, MA, LMFT, Professional Clinical, Legal, and Forensic Services. DORA may be reached at dora_dpo_licensing@state.co.us or by calling (303) 894-7800.

In Florida, the Florida Department of Health ("DOH") receives and responds to complaints regarding the practice of psychotherapy by any licensed or unregistered practitioner providing services at Caitlin R. Burgess, JD, MA, LMFT, Professional Clinical, Legal, and Forensic Services. The Florida Department of Health may be reached at www.floridahealth.gov or by calling (850) 488-0595.

In New York, the New York State Education Department's Office of the Professions receives and responds to complaints regarding the practice of psychotherapy by any licensed or unregistered practitioner providing services at Caitlin R. Burgess, JD, MA, LMFT, Professional Clinical, Legal, and Forensic Services. The NYS Education Department's Office of the Professions may be reached at www.op.nysed.gov or by calling (518) 474-3817.

In Texas, the Texas Behavioral Health Executive Council ("BHEC") receives and responds to complaints regarding the practice of psychotherapy by any licensed or unregistered practitioner providing services at Caitlin R. Burgess, JD, MA, LMFT, Professional Clinical, Legal, and Forensic Services. The Texas BHEC may be reached at www.bhec.texas.gov or by calling (800) 821-3205.

In Washington, the Washington State Department of Health (DOH) receives and responds to complaints regarding the practice of psychotherapy by any licensed or unregistered practitioner providing services at Caitlin R. Burgess, JD, MA, LMFT, Professional Clinical, Legal, and Forensic Services. The Washington DOH may be reached at www.doh.wa.gov or by calling (800) 525-0127.

The parents and/or guardians have agreed upon a fee for therapeutic services prior to the first session.

Parent's Name: _____ Date: _____

Child's Name: _____ Date: _____

Parent's Signature: _____ Date: _____

Therapist's Signature: _____ Date: _____

CREDIT CARD AGREEMENT:

Please Note: New clients are requested to keep a valid credit card number on file. Please complete the following information and provide your credit card to your clinician at your initial session. This is set up for your convenience.

Credit Card Type: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Name as shown on card: _____

Credit Card Number: _____ Expiration date: _____

3-digit security code on back of the card: _____

If American Express, 4-digit code on front of the card: _____

Billing Address associated with this credit/debit card:

_____

Email Address: _____

This card may be charged for:

- Regular session fees (at your request, as a convenience to you)
- Fees for same-day cancellation
- Fees for cancellation without 24-hour notice
- Delinquent session fees (fees more than 30 days overdue)
- Document review (including emails, Court records, and correspondence) (charged in three-minute increments)
- Phone calls over ten minutes (with clients and collateral contacts) (charged in three-minute increments)

Please enter the agreed upon fee for therapeutic services below:

The agreed-upon fee is $_____ per 50-minute clinical hour.

"I _____ have read and understand the terms of provid-

ing my credit card to Caitlin R. Burgess, JD, MA, LMFT . I understand that my credit card may be charged for the reasons indicated above. I also understand there are no refunds given. Any questions I have about this practice have been answered and I give my full consent to charge my credit card under the circumstances checked above."

Your Signature Consenting to Charges: _____

Today's date: _____

This credit card agreement is valid for one year beyond today's date or until termination of services.