Center For Social Success

Dear Family,

Welcome to the Center For Social Success (CSS)! We appreciate your choice of our therapists to address your family's social, emotional and behavioral needs. We offer individual and group therapy sessions for children and adults to address a variety of issues including social skills, bullying, anger management, stress management, depression, organizational skills, sibling rivalry, dealing with divorce, parenting skills, and marital enrichment.

- **Fee Schedule & Billing Information**
- **Child & Family Information/ History**
- **Consent for Animal Assisted Therapy**
- **Treatment Consent Form**
- **Statement of Professional Disclosure**
- **Statement of Financial Responsibilities**
- **Release of information**
- **Social Skills Group Facts & Agreement**
- **Agreement Concerning Litigation Matters**
- **Credit Card Authorization Form**

If you are divorced or divorcing, please pay special attention to the provisions in the **Child and Family Consent Form** that describe your obligations concerning the other parent or guardian. We must also have a signed and dated copy of the pages in the temporary or permanent divorce degree specifying who has medical/psychological rights. If joint consent is required, BOTH parents must sign our consent forms before your child can be seen at CSS.

Prior to participating in group or individual sessions, initial evaluations are necessary. During the initial evaluation, it will be determined which therapeutic approach would best suit your family's needs. For a breakdown of costs, please see the enclosed fee schedule.

Insurance coverage depends upon your carrier. We are not a designated provider on any plan nor do we file claims. You may relay the information below to your insurance carrier to determine if these services are reimbursable under your plan:

Licensing: Susan Istre, PhD, LPC-S, Director of the Center For Social Success (See fee schedule for other therapist credentials)

Diagnosis Code: Unless previously diagnosed, a diagnosis will be determined at the initial appointment.

Service Codes: 90791-Diagnostic Interview w/Parents, 50 minutes.
Diagnostic Interview w/Child, 30-50 minutes.
90837-Individual Therapy, 60 minutes
90853-Group Therapy, 50 minutes
90846-Family Therapy without Patient Present, 50 minutes
90847-Family Therapy with Patient Present, 50 minutes

I hope this information is helpful. If you have any questions, please do not hesitate to contact our office at 972-404-3001.

Susan Istre, PhD, LPC-S

Center For Social Success

Child & Family
FEE SCHEDULE AND BILLING INFORMATION

Hourly rates for Individual and Family therapy:

Dr. Susan Istre, LPC-S, Director: $175.00
Erin Lozano, MEd, LPC-S, RPT-S Early Childhood Division Director: $150.00
Holly Fedro, LCSW, Adolescent/Adult Division Director: $150.00
Kittie Campbell, MS, LPC: $140.00
Melanie Houchin, MEd, LPC: $140.00
Ellen Storm Johannsen, MS, LPC-I: $130.00
Chris Jones, MA, LPC-I: $130.00
Ben Griffin, MS, LPC-I: $130.00

Session rates for Group Therapy: $80.00

Parent and child/adolescent appointments are scheduled separately to identify issues and determine the goals of treatment.

Intern Supervision: All interns are supervised weekly by Dr. Istre or Erin Lozano and have received post graduate training in child, family and/or marital therapy.

Phone calls: Brief phone calls (5-10 minutes) to parents, teachers, or other professionals are not charged. Longer calls are charged at the same rate as individual talk therapy and billed according to time spent.

Parent feedback: Parents need to schedule individual sessions monthly for extensive feedback and behavioral advice. Parent appointments are charged at the therapist's individual rate and are vital to success. In office or phone appointments are available.

Case Management: Additional fees are charged for time spent by therapists in case management, which includes, text/emails, test review, phone calls to teachers and other professionals, report writing, etc.

Fees at our Shelton satellite offices: Only Shelton students are seen at this location. Payment in advance or credit card billing is required for services provided off site. All credit cards are kept on file at our LBJ office.

Litigation Fees: See separate "Agreement Concerning Litigation Matters"

Billing and Payment Options: We accept cash, checks, Visa, MasterCard, Discover, AmEx, and pre-paid Health cards.

For your convenience, we offer automatic credit card billing. On or around the fifteenth and last day of every month, your account balance will be charged to your credit card. You will then be mailed a receipt and a zero balance bill, which you may submit to your insurance company. Authorization for automatic credit billing is maintained with your records in a secure location at the office.

If you do not choose the credit card option, payment will be due at the time services are rendered. You will receive a paid receipt that may be used to file with your insurance company. Services received outside the LBJ location as well as Saturday sessions require payment through automatic credit card/debit.

Insurance: The Center For Social Success does not file insurance claims. The paid receipt you will receive contains the information required to file with your insurance company. The insurance company should send payments directly to you. The Center For Social Success will not accept insurance payments. Checks received by the Center For Social Success will be voided and returned to the insurance company for reissue to the insured.

Center For Social Success

Child & Family
INFORMATION/HISTORY

Completed By: _____ Date: _____

Child's Name: _____Nickname: _____

Birth Date: _____Sex: _____Age: _____Height/Weight: _____

School (Name): _____ Grade:_____
Special Classes: _____

Father's Name: _____ Occupation: _____
Home # :( )_____Work# :( )_____Cell# :( ) _____
Email _____
Home Address: _____
Street City/State Zip
Mother's Name: _____Occupation: _____
Home # :( )_____Work# :( )_____Cell# :( ) _____
Email_____
Home Address (If different): _____
Street City/State Zip
How do you prefer appointment reminders? Text: _____ Email: _____ Phone: _____
Preferred contact information: _____

Marital Status:
Married: _____ Divorced (Year): _____Separated (Year) _____Remarried (Year) _____

IF DIVORCED, YOU MUST PROVIDE A COPY OF THE DIVORCE DECREE CONFIRMING WHO HAS MEDICAL/ PSYCHOLOGICAL RIGHTS. IF JOINT CUSTODY, WE MUST ALSO HAVE A WRITTEN CONSENT FROM EX-SPOUSE.

Child is Living With:
Natural Parents: □ Single Parent: □ Other: _____

Parent & Step Parent: □ Step-Parent's Name: _____

Adoptive Parents: □ Age at Adoption: _____

# of Siblings Living at Home: _____
Names/Ages of Siblings: _____

Name of Primary Physician: _____
How did you learn about our services? Website□ Ad□ Friend□ Doctor□ Teacher□ Other□

Who Referred This Child: _____Phone: ( ) _____

Reason for Referral:

_____

_____

_____

Center For Social Success

PREVIOUS EVALUATIONS

Please list the names of any other professionals you have consulted about this child, the date of the evaluation, general conclusions, and the type of therapy provided. **Copies of reports would be very helpful.**

Specialist	Name	Date	Diagnosis	Therapy
Physician				
Psychologist				
Counselor				
Diagnostician				
Speech, OT, PT				
Other				

**Note: If you would like to have any of your child's records or previous evaluation results sent to me, please sign the enclosed "Release of Information" form and send it directly to the individual who has your child's records.*

MEDICAL HISTORY

Please list all **medications** your child is taking (name, dose, prescribing physician):

_____

_____

_____

Did your child have any **birth trauma** (problems with pregnancy, delivery, prematurity, etc.)?
Yes □ No □ if yes, please describe: _____

Did your child walk, talk, and achieve other **developmental milestones** at the normal time? Yes □ No □ If no, please explain: _____

Has your child had **head injuries, migraine headaches, seizures**? Yes □ No □

Has your child ever had any nervous "**tics**" (blinking, neck stretching, etc.)? Yes □ No □

Please describe any other medical issues affecting your child:

_____
_____
_____
_____
_____

Center For Social Success

Family History

Please Indicate if **you or any members of your immediate family** have ever experienced the following situations/conditions:

	Child	Mother	Father	Brother	Sister
Problems With Temper	☐	☐	☐	☐	☐
Oppositional Defiant Behavior	☐	☐	☐	☐	☐
Problems w/ Attention, Activity & Impulse Control	☐	☐	☐	☐	☐
Asperger's/Autism	☐	☐	☐	☐	☐
Academic Difficulty	☐	☐	☐	☐	☐
Learning Disabilities	☐	☐	☐	☐	☐
Intellectual Impairment	☐	☐	☐	☐	☐
Anxiety	☐	☐	☐	☐	☐
Depression	☐	☐	☐	☐	☐
Bipolar	☐	☐	☐	☐	☐
Schizophrenia	☐	☐	☐	☐	☐
Frequent Job Changes	☐	☐	☐	☐	☐
Alcohol/Drug Abuse	☐	☐	☐	☐	☐
Trouble with the Law	☐	☐	☐	☐	☐

Additional comments:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

CHILD'S EARLY DEVELOPMENTAL HISTORY

Did he/she have colic and cry a lot as an infant? **Yes** □ **No** □
Does he/she get upset easily now that he/she is older? **Yes** □ **No** □

Were there early sleep pattern difficulties? **Yes** □ **No** □
Does he/she still have problems falling/staying asleep? **Yes** □ **No** □
If yes, do you think this makes him/her drowsy and/or irritable all the following day? **Yes** □ **No** □

Was he/she very cuddly as an infant? **Yes** □ **No** □
Is he/she very friendly now that he/she is older? **Yes** □ **No** □

Was your child persistent as an infant when he/she wanted something? **Yes** □ **No** □
Is he/she able to accept "no" for an answer now? **Yes** □ **No** □

Was he/she abnormally active and into things as a youngster? **Yes** □ **No** □
Is he/she still more active than others his/her age? **Yes** □ **No** □

Did he/she have difficulty with bowel/bladder control past three years of age? **Yes** □ **No** □
Does he/she ever wet or soil pants during the day? **Yes** □ **No** □
If yes, do other children make fun of this? **Yes** □ **No** □
If yes, does your child avoid overnight stays? **Yes** □ **No** □

Did he/she go to preschool by age 4 or 5? **Yes** □ **No** □
If yes, was this a good experience? **Yes** □ **No** □
Was the teacher very sympathetic and helpful? **Yes** □ **No** □
Was the classroom small and structured? **Yes** □ **No** □

Was your child ever put in developmental 1st grade or held back due to social immaturity? **Yes** □ **No** □
If yes, do you think this was right thing to do? **Yes** □ **No** □
Did it help your child? **Yes** □ **No** □

Have you had frequent complaints from your child's teachers regarding immaturity, inability to sit still and stay on task, etc.? **Yes** □ **No** □
Has your child ever been suspended from school or asked to leave school? **Yes** □ **No** □

Additional Comments: _____
_____
_____
_____
_____
_____

CHILD'S SOCIAL AND BEHAVIORAL HISTORY

Does your child get along with his brothers/sisters as well as other children his/her age? **Yes □ No □**
If not, is it because he/she starts more fights? **Yes □ No □**

Is your child able to make friends easily? **Yes □ No □**
Does your child usually keep friends a long time? **Yes □ No □**
Does your child currently have a "best friend"? **Yes □ No □**

Has your child ever been aggressive to other children? **Yes □ No □**
Is your child still aggressive? **Yes □ No □**

Have you had difficulty disciplining your child? **Yes □ No □**
Has your child been more difficult to discipline than his/her siblings? **Yes □ No □**
Does your child usually mind you? **Yes □ No □**
Out of 10 times how often does he/she mind? **1-3 □ 4-6 □ 5-7 □ 8-10 □**
Will he/she eventually do what you ask? **Yes □ No □**

Please indicate which discipline strategies you use:
□Verbal reprimands
□Time-out (Isolation)
□Removal of privileges
□Rewards
□Physical punishment
□Giving in to the child
□Avoiding or ignoring

Which of the following would you advise your child to do if he/she were teased/picked on by other children:
□Ignore and walk away
□Ask them to stop
□Tease them back
□Hit them
□Tell an adult

Additional Comments: _____
_____
_____
_____
_____
_____
_____
_____
_____

OLDER CHILD/TEEN ISSUES

Please circle and describe if you have **concerns** about any of the following:

Disrespect

Bad Peer Influences

Poor Hygiene

Bullying (Bully or Victim?)

School Failure

School Suspension/Expulsion

Lying

Stealing

Nervous Habits

Self-Injury

Suicidal Ideations or Attempts

Eating Disorder

Aggression

Alcohol Use

Drug Use

Technology Misuse

Sexual Acting Out

History of Abuse (physical, emotional, or sexual)

Please Elaborate_____

Has your adolescent girl started her period? □**Yes** □ **No** □ **N/A Date:** _____

COUNSELING

Have you ever obtained **counseling** to help you deal with any behavior problems of your child/teen?

□**Yes** □ **No** Did it help? □**Yes** □ **No**

Please identify if your child/teen is currently seeing another counselor _____

Overall, would you say your child/teen has **social skill problems?** □**Yes** □ **No**

If yes, did you or the child's other parent have a similar problem as a child? □**Yes** □ **No**

Additional Information: _____

_____

FAMILY STRESS INDEX

Have any of the following **stressful events** occurred in your family?

□ **Parents divorcing or separating?**

□ **Change(s) in people living in your household?**

□ **Family accident or illness?**

□ **Death of a close family member?**

□ **Parent changing jobs?**

□ **Changed schools?**

□ **Family moved?**

□ **Family Financial Problems?**

□ **Other event that was traumatic to child?**

Is your child/teen showing any problems as a result of these changes? **Yes** □ **No** □

If yes, do you expect them to be temporary? **Yes** □ **No** □

PLEASE INDICATE IFYOU HAVE ANY OTHER CONCERNS THAT WERE NOT INCLUDED ON THIS FORM. USE BACK OF THIS PAGE IF MORE SPACE IS NEEDED. THANKYOU FOR PROVIDING THIS INFORMATION.

Adolescent Questionnaire

(To be filled out by teen)

Please tell us why you are here and what we can do to help you.

1. How do you feel about coming to therapy and whose idea was it?

2. What would you like to accomplish in therapy?

3. Is there anything you would like to change about yourself?

4. Is there anything you would like to change about your family?

5. Are you having any difficulty with friends?

_____ _____

Client Signature Date

CHILD & FAMILY CONSENT AND RELEASE OF LIABILITY FOR ANIMAL ASSISTED THERAPY

I understand there will be puppies and dogs at the Center For Social Success used in their Animal Assisted Therapy Program. Most of the animals are too young to be formally certified as therapy dogs. All of the animals have been screened by a veterinarian and have also received all of the vaccinations appropriate for their age, and have been prophylactically treated for parasites. They are hypoallergenic and low shedding, with sweet and loving dispositions. They are non-aggressive breeds, but often use their mouths in play and when teething.

I understand there are always some risks inherent when working with live animals. Some children may still be at risk for allergic reactions or might accidentally be scratched or bitten. There is also a small risk of the dog having an undiagnosed health condition that could be transmitted to your child.

□ I **ACCEPT** the risks associated with Animal Assisted Therapy and release the Center For Social Success and it's therapists from any associated liability.

□ I **DO NOT ACCEPT** the risks associated with Animal Assisted Therapy and request that my child not be allowed direct contact with the puppies and dogs at the Center For Social Success.

_____

Child's Name

_____ _____

Parent Signature Date

Center For Social Success

TREATMENT CONSENT FORM

THIS FORM MUST BE COMPLETED FOR EACH CHILD IN TREATMENT AND INCLUDE BOTH PARENTS SIGNATURES

Permission for Treatment and Release of Records

I consent to the use and disclosure of my protected health information to carry out evaluation, treatment, financial activity, and health care operations provided by the staff of the Center For Social Success. I understand I have the right to read the Center For Social Success's Notice of Privacy Practices before deciding to sign below. This notice is available upon request at the Center For Social Success. I give permission for the Center For Social Success to mail information to my home or other designated locations: I also give permission to be contacted at provided phone numbers, e-mail and to leave a message on the voice mail. I understand that texting as a form of communication is not secure. I accept this risk if I choose to send or receive texts from the Center For Social Success staff or therapists with information regarding my child or family.

Permission for Testing

I give permission for an assessment to be made of my child's attentional, social and/or psychological behavior. I understand that this assessment may involve examination of records and reports (provided by me or sent at my request), gathering of developmental, educational, and social information by reports and rating scales. If rating scales are used, I understand that an appointment will subsequently be held in which the findings and recommendations of this assessment will be discussed.

Expectations for Therapy

I understand that the length of treatment and results of therapy vary and depend upon my commitment to change and follow through with therapy recommendations.

Permission for Videotaping

I give permission for my child to be videotaped as a teaching tool to improve social skills and behavior. I understand such videotaping will be erased after use and never shared with anyone outside of the Center For Social Success

Provisions Concerning Divorced and Divorcing Parents

I understand that if another person has joint rights with respect to medical or psychological treatment, that person will have access to the child's chart, including my parent diagnostic session notes and history. I understand that if I desire a confidential relationship with a therapist or intern at the Center For Social Success I must provide a separate consent for my own treatment, that I will be given my own diagnosis code, and that I will be billed separately for my individual sessions. Only those individual sessions will be confidential and not shared with my child's other parent.

I understand that despite my right and that of my child to confidentiality, the Center For Social Success may be obliged to provide information if ordered by a court or required by laws concerning child abuse or neglect.

I agree that I will indemnify and hold the Center For Social Success, its therapists and interns harmless from any claims, costs or damages, including attorney's fees, that they may incur as a result of or arising out of a breach of this agreement.

I understand that I must attach to this Consent the relevant portions of all court orders, including temporary orders and final decrees that concern my right or the rights of others to consent to, participate in or have access to information about the treatment of my child.

I understand that all information will be handled in confidence and release will be limited to authorized personnel and/or to others I have designated by signing the Release of Information included in this packet. The only exception is if a judge issues a subpoena demanding the release of this information.

Client's Name: (please print) _____

Client's Mother or Guardian's Signature: _____ Date: _____

Client's Father or Guardian's Signature: _____ Date: _____

Please initial the correct statement below:

_____ I have the right to obtain medical/psychological treatment for my child without the consent of any other person.

_____ I understand that I need the consent of others (such as the child's other parent or guardian) in order to obtain medical/psychological treatment for my child. I agree to provide the Center For Social Success with a copy of this Child and Family Consent form signed by that other person and I understand that no treatment can begin until the signed Consent has been provided.

STATEMENT OF PROFESSIONAL DISCLOSURE

I am required by law to furnish you with information about my professional credentials. I am licensed to practice as a Licensed Professional Counselor by the Texas State Board of Examiners. My license number is 10940. I obtained my Ph.D. from Oklahoma State University in Family Relations and Child Development. I will be happy to discuss my education and/or credentials further with you, if you desire, or you may obtain more information online at www.dristre.com. You may contact (without giving your name) the LPC and social work offices listed below for additional information.

Texas State Board of Examiner of Professional Counselors
1100 West 49th Street
Austin, Texas 78756-3183
+1 512-834-6658

The license numbers of the other LPC's employed by CSS are as follow:
Erin Lozano, LPC-S # 59765
Kittie Campbell, LPC # 68905
Melanie Houchin, LPC # 13409
Jennifer Storm, LPC # 67326
Ellen Storm, LPC-I # 75974

Texas State Board of Social Workers Examiners
8407 Wall Street
Austin, Texas 78754-3926
+1 512-719-3521

License numbers of LMSWs and LCSWs employed by CSS are as follow:
Cottie Alders, LMSW # 23369
Holly Fedro, LCSW # 28210

I am a state approved LPC supervisor for the interns working at the Center For Social Success. I meet with interns weekly to review cases.

Susan Istre, PhD, LPC-S

Dr. Istre has satisfactorily supplied me with information regarding her professional credentials. I understand I can request more information about the credentials of other staff members, if desired.

Client's Name: _____

Client's Parent or Guardian's Signature _____ Date: _____

Child & Family Services
STATEMENT OF FINANCIAL RESPONSIBILITY

I agree to be responsible for all charges incurred for the evaluation and treatment of my child. Unless otherwise specified, payment in full for all services is expected at the time of service. I further understand and agree to be responsible for submission of all claims to my insurance carrier. Statements will include all information necessary for insurance claim submission (CPT code, diagnosis code, federal tax identification number) and should be retained for insurance/tax purposes. Statements substitute for "Attending Physician's/Provider's Statement" when filing for insurance reimbursement. Dr. Istre is not responsible for filing or collecting claims or for negotiating a settlement on a disputed claim. Authorizations are not the responsibility of the Center For Social Success. Upon request and with your written permission, Dr. Istre will provide clinical updates to insurance carriers. These summary letters and/or chart reviews will be billed at the regular hourly rate, prorated according to time spent.

When canceling or rescheduling an appointment, I agree to notify the Center For Social Success at least 24 hours in advance. If my appointment is on a Monday, I understand I must leave a cancellation message before 12:00 p.m. on Friday. Barring unforeseen illness or injury, I agree to be responsible for full treatment charges for appointments cancelled with less than 24-hour notice and/or no-show appointments. No exceptions. I also understand that if I am late for an appointment, I will be billed for the entire scheduled time.

I understand that my account balance is due upon receipt. Should my account be past due and unpaid after thirty (30) days, a finance fee of 1.5% per month will be assessed. I also understand that accounts past due more than sixty (60) days will receive a demand letter for payment, which if not complied with or responded to within ten (10) days may be referred to a collection agency and/or small claims court for collection and may affect my credit adversely. Charges may also be filed with the District Attorney for "theft of services".

Furthermore, I understand that at any time my account is delinquent all services will be discontinued and any future appointments will be cancelled until my account is brought current. All returned checks will be assessed a $35.00 return check fee. Any account proven difficult to collect will be expected to make advance payment for future treatment. All treatment rendered at school locations must be paid on a monthly basis in advance or by automatic credit card billing.

Regarding court related fees see separate document entitled, AGREEMENT CONCERNING LITIGATION MATTERS.

I have read and fully understand my financial responsibilities to the Center For Social Success and Susan Istre, PhD, LPC-S. I further understand my responsibilities with regard to insurance claim submission or disputed claim negotiation.

_____ _____

Signature of Parent/Legal Guardian Date

Center For Social Success
Child & Family
RELEASE OF INFORMATION

I authorize therapists at the Center For Social Success to release and receive information regarding evaluation and therapy, including verbal exchanges in person or on the telephone, to the **doctors, therapists, schools or other professionals** listed below:

Name:_____

Phone Number: _____

Fax Number: _____

Address: _____

Any Limitations? _____

Name:_____

Phone Number: _____

Fax Number: _____

Address: _____

Any Limitations?_____

Name:_____

Phone Number: _____

Fax Number: _____

Address: _____

Any Limitations?_____

Patient's Name: (please print) _____

Patient's Parent or Guardian's Signature: _____ Date: _____

Child & Family
SOCIAL SKILL GROUP FACTS AND AGREEMENT FORM

LOGISTICS

- Groups usually range in size from two to eight children. Groups with two children are called dyads. They can serve as the nucleus for children to be added to larger groups or they can be kept at this small size for maximum therapist coaching.
- There will be one licensed therapist for small groups and two therapists (or a therapist and an assistant) for larger groups.

The groups will be held each week for one hour.

COST

- The groups are $80.00 per session.
- **Parent participation is essential**! Parent meetings are scheduled monthly and are billed separately. They are charged at the individual rate of the Therapist ($120-150/hour). The first meeting is an hour to orient parents to group, discuss the child's individual goals, and teach materials in the parent handbook. Subsequent monthly meetings can be shorter, depending on the need and are charged in fifteen-minute increments according to time spent discussing issues. **Parents must notify the Center For Social Success twenty-four hours in advance if a child will not be attending group in order to avoid being charged for the session**. Consistent attendance is critical for your child's progress and for group stability.

TREATMENT GOALS & COMMUNICATION

- Each child will have individual goals for group, agreed upon by the child, parent and therapist.
- It is not possible to give parent feedback at the end of every session. The therapist may occasionally give brief, generic feedback to the parents in the waiting room about a specific skill practiced in group that needs reinforcement at home.
- Parents are asked to provide weekly **written** feedback regarding their child's progress and problems related to their specific goals. We have a form called "Good News" and "Bad News" for weekly parent feedback .
- Special homework assignments will be given to the child each week to help build his repertoire of social skills. For example, practicing introductions, " I messages", and using the POPS problem-solving method.
- Parent appointments need to be scheduled once a month in order for parents to maximally participate in the therapy process. In addition to receiving specific, in-depth feedback about the child's behavior and progress, You will be given advice about how to provide social skills coaching at home. Recommendations for managing behavior problems at home and school will also be discussed. In complex cases, the need for other evaluations, therapies, and medication will also be considered.

Parent appointments can be scheduled in two ways; an individual session at the office or a phone conference. Parent appointments can take a full hour if difficult behaviors are being discussed. If the child is making good progress and the parents are not having issues at home or school, the conference can be as short as fifteen minutes. Parents are responsible for scheduling these appointments with the front office each month.

If you are seeing another therapist at the Center For Social Success regarding other issues, it is still CRITICAL that you meet with your child's group leader. They are in the best position to give you specific feedback about your child's behavior in group. Your monthly meetings can be brief, especially if you are already discussing behavior issues with another therapist, but you still need the group therapist input.

EVALUATION & PROGRESS

- A child's progress is evaluated by the parents and therapist at each parent appointment. Social skills take time to learn. Behavior problems that interfere with social skills must also be addressed. When an individual goal is met, new goals are substituted until the child is achieving social success with his parents, siblings, and peers at home and at school.
- Children with processing disorders like Non Verbal Learning Disability and Autism Spectrum Disorder require help for a longer period of time because they do not generalize information well and must be taught how to deal with the specifics of each new social situation.
- When parents and therapist agree that the child has made enough progress to discontinue group, they can "graduate". Parents must schedule a time to meet with the group therapist to discuss graduation or termination at least 2 weeks prior to the child's last scheduled session. If at any point in the future they need "booster sessions" to deal with difficult issues, they are welcome to return.
- If a parent is concerned that their child is not making the desired progress, an appointment should be made with the therapist to discuss possible reasons. Sometimes it is necessary to refer a child for more formal neuropsychological testing to determine underlying problems. Other therapies may be needed in addition to counseling to address complex issues. Marital stress and conflict at home can also be interfering factors.
- We want for your child to be successful and will help you get to the bottom of complex issues. We provide a variety of counseling services at the Center For Social Success for both children and adults.

Do not hesitate to contact Dr. Susan Istre, Director, if you are having any difficulties and would like her opinion.

I have read and understand the Social Skills Facts Sheet. I agree to abide by the guidelines listed above.

_____ _____

Parent Signature ***Date***

AGREEMENT CONCERNING LITIGATION MATTERS

I understand that the Center For Social Success along with its therapists and interns, do not routinely provide expert testimony with regard to patients, their treatment, or their family situation, and any request for copies of patient records or for testimony of any kind is serious disruption of their therapeutic work and their relationship with patients. For that reason the Center For Social Success discourages any attempt to use its records or the testimony of its therapists and interns in litigation. If this is unavoidable I agree as follows:

Name(s) of patient(s):_____.

Fees for copies:

- **$20.00 per hour for labor and costs of supplies for chart copying**
- **$25.00 for the first twenty pages of copying**
- **$.50 per page thereafter**

Fees for court appearances: If I request or my attorney requests informally or by subpoena that an employee of the Center For Social Success appear in court or at deposition I agree to pay:

- $500 per hour for preparation and appearance, with a minimum of 4 hours for any appearance and a minimum of 2 hours for preparation for each employee whose appearance is requested.

- An additional flat fee of $500 will be charged for Dr. Istre's time supervising the preparation of any therapist or intern whose appearance is requested.

Attorney's fees: I agree to reimburse the Center For Social Success for Attorney's fees incurred by the Center For Social Success in connection with any requests for documents or an appearance in court or for deposition.

Required advance notice: I agree that I will give the Center For Social Success and any other party to the lawsuit in which copies or an appearance is requested at least 10 business days' notice of such request, regardless of whether the request is made informally or by subpoena. In addition, I authorize the Center For Social Success to notify the other parent or guardian of the request and its contents if it concerns minor child, and waive any privilege or right of confidentiality to the extent required for the Center For Social Success to give that notice.

Required confidentiality agreement: I agree that any copies or testimony from the Center For Social Success are strictly confidential, and that I will not allow any person to have access to such copies or testimony unless that person is legally entitled to such access.

Telephone Conference Request from Attorneys: The Center For Social Success cannot participate in a telephone call with just one attorney when the parents are in litigation. Therefore, if I want my attorney to have a conference call, I understand my attorney will need to set up a time that both attorneys will be able to participate. If the other attorney does not wish to participate, he/she will need to contact the Center For Social Success directly and let the Center For Social Success know in writing that they are waiving that right. Attorney conference calls are charged at $500.00 per hour. If both parties' attorneys are on the telephone, the charge is divided equally between the parties.

Required advanced payment: I agree that simultaneously with any request for copies, telephone conference, or an appearance I will pay the Center For Social Success for chart copying plus a $5000.00 retainer as an advance against the final appearance fee and attorney's fees agreed to above. The Center For Social Success has no obligation to provide documents, participate in telephone conference, or appear unless this advanced payment is made.

Effect of failure to give notice or pay advance: I agree that if I fail to give the required notice or pay the required advance, then the request will deemed unreasonable and the Center For Social Success will be entitled to protection from that request as provided in the relevant court rules. I also agree that I will pay any attorney's fees incurred by the Center For Social Success in requesting such protection.

Payment of final bill: I agree to pay, within 10 days, any final bill from the Center For Social Success for copies, appearances, or attorney's fees.

Obligation to pay when copies or appearances are requested by others: I agree that if any person who has not signed an Agreement Concerning Litigation Matters, including a governmental agency, requests copies or a court or deposition appearance and fails to pay the copy, appearance fee and attorney's fees called for by the Agreement within 60 days after presentation of a final bill then I will pay all amounts due immediately upon notification of that failure to pay.

Agreement to obtain signature of other litigation parties: I agree that if there is already litigation pending that concerns my treatment or the treatment of my child I will provide the Center For Social Success copies of this Agreement Concerning Litigation Matters signed by every other party to that litigation, and that the Center For Social Success may refuse to begin treatment of me or my child until those signed copies have been provided. I agree that if litigation begins after treatment starts, I will provide the Center For Social Success copies of this Agreement Concerning Litigation Matters signed by every other party to that litigation.

Indemnity: I agree that I will indemnify and hold the Center For Social Success, its therapist and interns harmless from any claims, costs or damages, including attorney's fees, that they may incur as a result of or arising out of a request by me or my attorney to provide copies or to appear in court or at deposition, or arising out of any breach by me of this Agreement. I agree that I will pay such claims, costs or damages within 30 days after notice of the amount owed.

Client's Name: (please print) _____

Client's Mother or Guardian's Signature: _____ **Date:** _____

Client's Father or Guardian's Signature: _____ **Date:** _____

Center For Social Success

CREDIT CARD AUTHORIZATION

******MUST BE COMPLETED***

Upon receipt of my credit card information and my signature, I authorize the Center For Social Success to bill all charges for which I am financially responsible. I further understand that **my credit card will be charged for any outstanding balance including a 1.5% interest late charge with no waiting period.** Subsequently, I authorize the Center For Social Success to bill my account balance to my credit card **twice** a month (on or around the 1th and the 15th of every month). I further understand that should my account exceed **$300.00** at any time, my credit card will automatically be charged. **I understand that my credit card will not be charged if I choose to pay for treatment in person after each appointment.**

I will notify the Center For Social Success immediately of any changes to my credit card. I acknowledge that I am fully responsible for all services received and any late fees accrued at the Center For Social Success.

Credit Card Information:

(Please circle one): Visa MasterCard Discover AMEX

_____

Card Number

_____ _____ _____

Expiration Date V-Code Billing Address City, State Zip Code

_____

Name on Card

_____

Signature of Card Holder

_____

Date

Client Name(s) associated with card on file:_____

Although we do not file insurance, do you need an itemized receipt to file for out of network benefits on your own? □**Yes** □ **No**

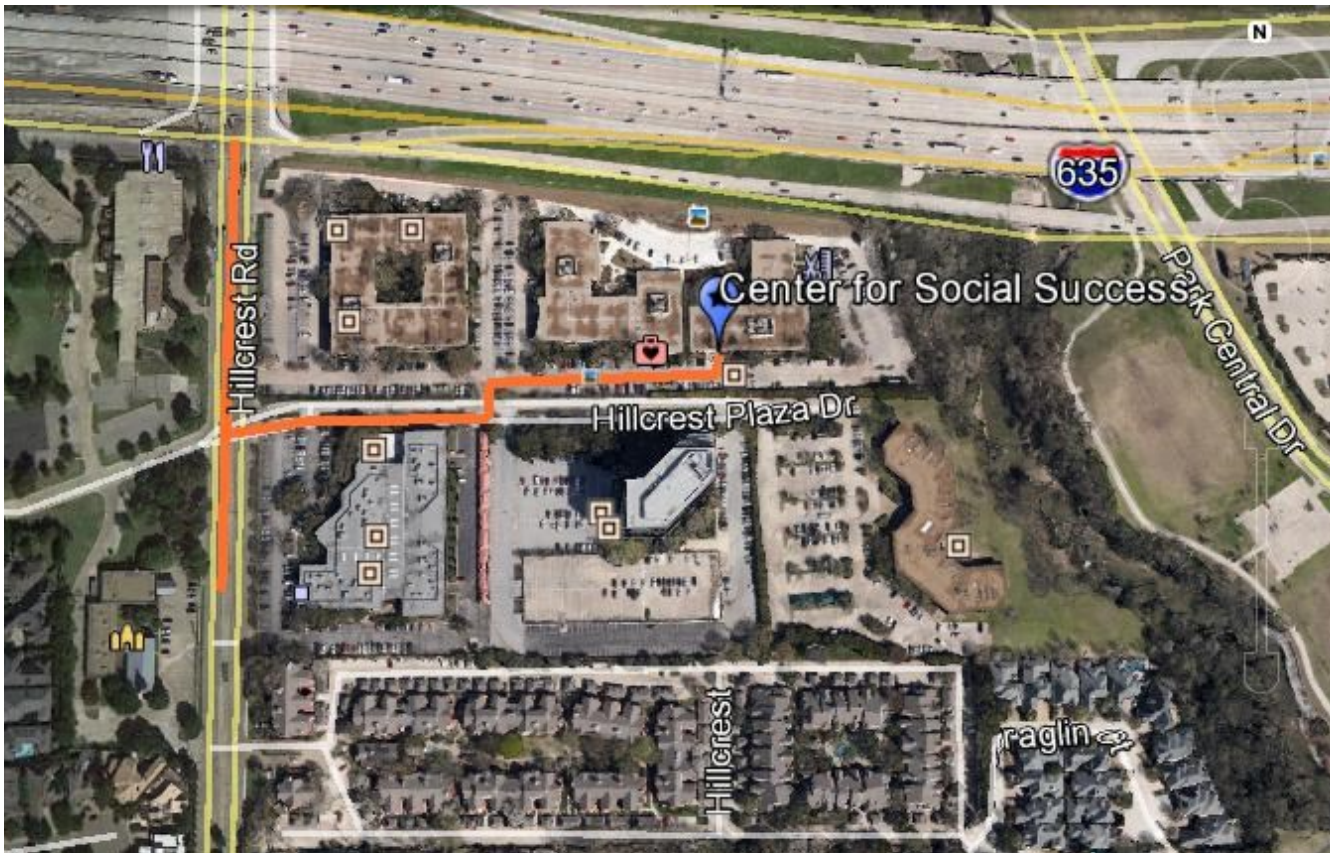
How would you like us to send your receipts?

□ **Email:** _____

□ **Mail:** _____

DIRECTIONS TO

THE CENTER FOR SOCIAL SUCCESS



Directions from 635

⇒ After turning onto Hillcrest (driving south), take a left onto Hillcrest Plaza.

⇒ Continue straight and take your first left, and then an immediate right

⇒ Follow the line of shrubs on your right until you see our outside entrance door in the second building on the left.

Directions from Hillcrest going north

⇒ Take a right onto Hillcrest Plaza

⇒ Continue straight and take your first left, and then an immediate right

⇒ Follow the line of shrubs on your right until you see our outside entrance door in the second building on the left.