

## Transgender/NB Group Disclosure and Consent - For Minor Person -

### Introduction, Facilitation, and Fee

This document is intended to provide important information to you regarding the Transgender/NB Group for minors. The group is a social support group and not a therapeutic process group. The facilitator/therapist is **Sean Garcia, Associate Marriage and Family Therapist, #119286**. The fee for service is \$40 per participant and is due upon date of service. If participant is an existing client of Sean Garcia then the fee will be added to the next scheduled session. The group meets for 90 minutes and parents are not required to remain on site.

### Confidentiality

All communications between you and Sean Garcia will be held in strict confidence. While confidentiality is encouraged within the group environment, participants are not required by law to abide by the confidentiality policy. Facilitator/therapist Sean Garcia will communicate via email and/or text regarding upcoming group sessions and attendance. If you **do not** wish to receive electronic communication, initial here \_\_\_\_\_. If a participant is also a psychotherapy client of Sean Garcia, confidentiality of the individual will be upheld in the group setting. If a participant wishes to initiate individual psychotherapy with Sean Garcia in addition to the group, the professional relationship may be established.

### Limits of Confidentiality - Mandated Reporter

Facilitator/therapist Sean Garcia is a mandated reporter during the group session. Mandated reporting entails personal disclosure of harm to self or others; abuse of self or other minor persons; electronic exchanges regarding sexual conduct. In addition, a federal law known as The Patriot Act of 2001 requires therapists, in certain circumstances, to provide FBI agents with books, records, papers, documents and other items, and prohibits the therapist from disclosing to the patient that the FBI sought or obtained the items under the Act.

***By signing the Disclosure Statement and Minor Consent, you acknowledge receipt of this document, and you agree to abide by this agreement.***

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|-----------------------------------|---------------------|------------------------|
| Printed Name of Client            | Age                 | Pronouns               |
| Printed Name of Parent            | Signature of Parent | ____/____/____<br>Date |
| Printed Name of Emergency Contact | Phone number        |                        |
| Email Address of Parent           |                     |                        |