PEDIATRIC PSYCHOLOGY ASSOCIATES

Aventura • Weston • Coral Gables
Miami-Dade (305) 936-1002
Broward (954) 753-1112
Fax (305) 936-1022

PEERS Group Initial Paperwork

Please fax the forms to (305) 936-1022 or email the forms to: info@mailppa.com

Child's Name: _____ DOB:_____

Parent(s)/Caregiver(s) Name:_____

Best Contact Phone#:_____

Email address(es):_____
(email will be used to provide courtesy reminders of your child's group-please write legibly)

Emergency Contact-Name and Phone #:_____

School and Grade Child Attends:_____

Home Address, City, State and Zip:_____

_____

Are you a new patient/family to our practice? Yes_____ No_____

If your child is a new patient, do you have an initial appointment scheduled?_____
If not, an initial appointment must be completed prior to your child attending group.

Does your child have any dietary restrictions (allergies, kosher, gluten-free)? If so, please list:

_____

Please list any goals/expectations you may have for your child's group experience:_____

_____

What activities does your child enjoy doing?_____

_____

Please tell us anything else that would be important for us to know about your child:_____

_____

Signature: _____**Date:** _____

Print Name: _____ **Relation to Child**:_____

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Financial and Group Commitment Form - Must be completed by all Families

Patient Name_____

Parent/Caregiver Name:_____

Email address_____ **Best Contact Number**_____

I. Please Read and Initial:

_____ **I have reviewed and agree to the group commitment and cancellation policy**.
Our office policy for our groups is that a commitment to attendance is mandatory. Attendance of the group sessions is important not only for your child's growth, but also for the integrity of the entire group, and any absences take away from the group process. Please note there is no refund for groups missed and payment for the entire program is required to attend.

II. Payment Policy and Fees

PEERS Program (*Program for the Education and Enrichment of Social Skills)*
$700 for 14 weeks, payment submitted at the time of or prior to the start of the group.

No charge 30-minute initial consultation.
Must have 6 participants to start group.

Please check type of payment: Check/Cash____or Credit Card_____ (my credit card information is below)
From our experience, a credit card on file has made the group billing most convenient for our families.

Name on Card _____

Initial - I authorize *Pediatric Psychology Associates* to charge my credit card as follows:

_____ $700 for PEERS Program on the date of the first group session (14 weeks total)

Type of Card: □ Visa □ MasterCard □ AMEX CVV Number _____ Security Code

Credit Card Number _____ - _____ - _____ - _____ Expiration Date (Month/Year)_____

Billing Address for Credit Card_____
Street City State Zip

II. Sign and date: Signature _____ Date ____/____/_____

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Group Consent Form

Patient's Name:_____ DOB:_____

Please Read and Initial each section:

1. _____I voluntarily give consent for treatment by *Pediatric Psychology Associates* for me and/or my family members. I understand the purpose of the groups is to assist in the formation and development of improved social skills and emotional health. However, I also understand that *Pediatric Psychology Associates* cannot guarantee that the process will always result in positive outcomes.

2. _____I understand that group sessions may be videotaped for the purpose of ongoing assessment and training of group participants. *Pediatric Psychology Associates* will not release confidential material to other outside parties without written permission. As provided by law, confidentiality may only be breached for protection purposes when the client is imminently dangerous to her/himself or others, or in cases of child abuse.

3. _____I understand that the results and data from this group may be used for research and thus benefit others in the future. I have been assured that the information that I give will be held in confidence and that my and my child's data and responses will not be used in any way that makes us individually identifiable.

4. _____I am free to withdraw my consent at any time without penalty to me or my child.

I hereby give my consent for my child's participation in the group activities described in the informed consent agreement under the conditions stated above.

_____ _____
Parent/Guardian Date

_____ _____
Parent/Guardian Date