

Name(s) _____ Date: _____

Address: _____

Phone: _____

How were you referred _____

Please attach your insurance information along with a copy of your official California state issued Identification card, or driver's license

Welcome

I want to welcome you and let you know that I look forward to beginning our therapeutic work together.

These forms contain information about my professional clinical services and business policies as well as several questions that will help me better understand what challenges you are currently facing so that I can best assist you. It is important that you first review the following information before we start. Please feel free to ask any questions you may have about these policies; I will be happy to discuss them with you. There are various places where your signature and initials are required on the following forms, please look this information over carefully and bring it with you to your first session.

Therapy Services – Risks and Benefits

The role of a therapist is to assist clients sort through issues regarding personal emotional issues and relationships. Counseling often involves discussing difficult aspects of your life. During our work together, you may experience uncomfortable feelings such as sadness, guilt, anger, or frustration. As a result of what comes out of your therapeutic work and the decisions you make, important relationships may be impacted or may end. Your journey in therapy may also lead to healthier relationships, and often helps an individual find solutions to problems with family and friends, as well as a reduction in feelings of distress. If you ever have any concerns about your therapy process, I encourage you to discuss this in your sessions so that we can collaborate together as you move forward.

Termination of Therapy

You may terminate therapy at any point. When our work comes to a close, I ask that you schedule at least one final session in order to review the work we have done together and make sure you have all the options you require for continued self-care. Occasionally clients return to therapy in order to process new challenges. If you decide to return in the future, please know that I have an open-door policy and welcome the possibility of working together again, however, it will be at my clinical discretion and also dependent upon my availability. I may have a waitlist of 4-6 weeks, and if I am not able to see you immediately, I will be happy to add you to the waiting list or provide you with 3 referrals to another therapist(s) or clinic(s).

Length of Therapy

Therapy is a process that is unique to each client and the challenges they are presenting. Some challenges can be worked on very effectively in a fairly short period of time (10-20 sessions). Other challenges may take much longer. It can be difficult to predict exactly how long therapy will last and this is best discussed in your first session. We will put together a treatment plan and goals that you will be working toward. A guideline to remember is if you attend 40 therapy sessions, that is about the same amount of time as an average workweek. If you have questions regarding the length of treatment, please feel free to discuss this with me at the start and at any point during therapy.

Dual Therapy

It is generally seen as **unethical and contraindicated** for two different therapists to provide counseling for the same client at the same time. Unless there is a compelling clinical reason, a crisis, or a specialized therapy treatment plan that we will be working on, I do not work with clients who are already under the care of another therapist. If you are working with another therapist, please disclose this so that we can discuss next steps. If your therapist has referred you to me for specialized treatment [i.e. EMDR, substance abuse work, anger management, etc.], then we will need to have a release on file from you in order to coordinate care with your primary therapist and collaborate on a clinical plan that best supports your process. You can find this form on my website.

Confidentiality

Therapy is best experienced in an atmosphere of trust. Thus, all therapy services are strictly confidential and may not be revealed to anyone without your written permission. **There are exceptions to confidentiality where disclosure are required by law (see below).** There may be occasions where I consult with adjunct therapists in order to discuss aspects of our sessions to support our therapeutic work together and to best support your process. When doing so, please understand that I will not use your name and will change significant identifying details in order to protect your confidentiality. Your confidentiality is very important to me. Should you request that I speak with another professional or person (i.e. doctors, former therapists, teachers, family, friends or anyone else outside the therapy room), I will first ask for your written consent in order to do so and only after determining if this is in the best interest in supporting your therapeutic process and progress.

Legal Exceptions to Confidentiality

Legal exceptions to confidentiality are in place to protect your safety and the safety of others. This includes: when there is a reasonable **suspicion** of child abuse (physical, sexual, emotional, neglect), or adult dependent care abuse, elder abuse/neglect; and where a client threatens to harm or kill other(s) (homicide) or threatens to damage another person's property. **Legally, I am a mandated reporter of abuse or intent to harm another.** If you are homicidal and make a serious threat to hurt another person (s), I will contact 911 and make every attempt to warn the intended victim or victims. Additionally, if I am *court* ordered to release records (for example a divorce hearing or custody hearing), I must abide by the court order and I may be compelled by court order to testify under oath and thus must answer all questions honestly.

Suicide Policy

If you are suicidal, I will take all reasonable steps to prevent harm to you. This may include breaking confidentiality.

Your signature indicates that you have read and understand confidentiality and limits to confidentiality:

Signature _____ Date: _____

Emergency Contact Information

In the event of an emergency, please provide a contact:

Name _____

Relationship _____ Phone _____

No Secrets Policy

Please note that with **couples and family therapy the couple and/or the family is the client (e.g. the treatment unit), not the individuals.** As such I practice a **no-secrets policy** when conducting marital/couples/family therapy, which means that confidentiality does not apply between the couple or among family members when one member of the treatment unit requests an individual session or contacts me outside of the therapy session to share a secret. On occasion an individual session may be scheduled to assist in the overall therapy process to the treatment unit and will be scheduled only when mutually agreed upon. Please understand that any information given in the individual sessions **will not** be held in confidence or secret in couples and/or family sessions. I will encourage the person holding the secret to share the secret in the following session and will support the client in doing so. And I also reserve the right to share or disclose information revealed by one partner or family member in an individual session to the other partner or family members as we deem appropriate or necessary to support the treatment unit's overall treatment progress and goals. If you are seeking couples therapy, or family therapy, please have each member of the treatment unit fill out and sign an intake form. Please note: I may choose not to work with couples unless each individual has had prior individual therapy for a minimum of 3-6 months.

Conjoint Sessions

On occasion, and only if it benefits the client's therapy goals, I may ask that a family member or significant other join us for a therapy session. It is important to note that this is done only on occasion and at the therapist's discretion when it best serves the client. If a family member or significant other agrees to meet for a session, it will be for the client's benefit. Additionally, the third party [friend or significant other] is not joining the session for his or her own therapy, nor will we work with them as a therapist as my therapeutic alliance is with you - the client, not the family member or significant other. If we decide that this would be beneficial, you will need to sign a written release of information for this type of conjoint session. This form can be found on my website.

Sobriety Policy

We ask that all clients, couples, families, group members **arrive to therapy sober and not under the influence of illegal drugs, alcohol or marijuana.** If I notice that you are intoxicated (such as slurred speech, rapid speech, smelling of alcohol, behavior that indicates intoxication with cocaine, prescription drug abuse, or other substances) we will immediately end the therapy session, and assist you in finding a safe ride home (via friend, family member, Uber or Lyft) as driving while under the influence constitutes a risk to others and is a reportable offense. Once you are safely home, I will reschedule the therapy session where we will process this occurrence. **You will be charged your full fee for the session if you arrive intoxicated.**

Therapy Sessions

Therapy sessions are weekly and are scheduled in advance. Standard sessions are 50-minutes in length and begin and end on time. It is understandable that occasionally you may be late. If you are late to your session, please understand that the session will not extend past your 50-minutes, nor will the time be made up at future sessions, as this will impact other clients. Longer sessions are available by request and upon availability of my schedule at a prorated fee. At the start of therapy, I may extend your first few sessions past the 50 minutes, however, unless I extend this time, I ask that you please respect your 50-minute session time. If I find that your session tends to run longer, we will discuss this in session in order to maintain healthy boundaries around starting and ending on time. Please note, you are financially responsible for any missed sessions. Sessions must be canceled at

least 48 hours in advance, no exceptions. Your credit card will be on the day of your session; if your session is missed, your credit card will be charged at the time of your missed session unless you have contacted me to cancel your session at least 48 hours in advance. Your insurance cannot be charged for a missed session. It is illegal to charge an insurance company for a missed service; therefore, you are fully responsible for the payment of any missed sessions. _____

No Cell Phone, IPAD, Smart phones or recordings are allowed during sessions.

Therapeutic Approach & Style

My goal as a therapist is to help people navigate through difficulties in their life and relationships while providing a safe place to heal, explore, develop insight, practice healthy coping tools, integrate and take responsibility for their changes. I work to facilitate a process where the client is able to move toward healing, self-acceptance, and to ultimately grow and thrive in a supportive environment. While I will meet you each step of the way in your therapy process with compassion and empathy, a therapist is not a cure all, a parent, a friend, or a miracle worker. Though there are a variety of therapists my collective style is collaborative, honest, challenging, and direct with solid boundaries and empathy. I reflect, assist, encourage, and point out incongruent patterns around actions and words. I will not work harder than my clients or accept responsibility for your choices or consequences. I respect my client's decisions, and do not generally advise or direct my clients, as I believe that you are the expert in your own life and are fully capable of creating the life that you want with support and tools. I may offer some creative suggestions for moving forward, but ultimately you hold the final say in how you wish to live out your life.

I formulate therapeutic plans collaboratively with my clients based on each individual client's needs, their presenting problems, and the goals they wish to achieve. I believe that each client has the potential for healing and change and is responsible for their choices and changes, and for meeting their therapy goals – I do not make guarantees for healing. I use a combination of therapy styles with most clients, depending what best suits the needs of the client. Some of the more common styles I may utilize are listed below:

Cognitive Behavioral (CBT) Therapy stresses the role of thinking patterns in how we feel and what we do. It is based on the belief that our thoughts, rather than people or outside events, cause our negative feelings. The therapist assists the client in identifying, testing the reality of, and correcting dysfunctional beliefs underlying his or her thinking – uncovering the 'root to the fruit' so to speak. The therapist then helps the client modify those thoughts and the behaviors that flow from them. CBT is a structured collaboration between therapist and client and often calls for homework assignments.

Existential psychotherapy is based on the philosophical belief that human beings are fully equipped to create one's own meaning and exercising one's freedom to choose. The existential therapist encourages clients to face life's anxieties and to start making his or her own decisions while reflecting on consequences and moving away from fear-based thinking. The therapist will emphasize that along with having the freedom to carve out meaning comes the need to take full responsibility for the consequences of one's decisions.

Dynamic Psychotherapy is designed to help the client get in touch with her or his unconscious memories, feelings, and desires that are not readily available to the conscious mind. Therapy is designed to help clients of all ages understand how their unconscious feelings and thoughts affect the ways they act, react, think, feel, and relate. Whether or not therapy works depends a great deal on the client's willingness and ability to experience all relationships deeply, especially the therapeutic relationship. Each client, by expressing her or his story in whatever ways possible to someone who knows how to listen and to give new meanings back, has the opportunity to learn about herself or himself in a new way. This is not a short-term therapy but ultimately aims to help people experience

life more deeply, enjoy more satisfying relationships, resolve painful conflicts, and better integrate all the parts of their personalities.

EMDR seems to have a direct effect on the way that the brain processes information. It can be thought of as a physiologically based therapy that helps a person see disturbing material in a new and less distressing way. Clinicians have reported success using EMDR in treatment of: [stress reduction](#), [panic attacks](#), [complicated grief](#), [disturbing memories](#), [sexual and physical abuse](#), [performance anxiety](#), [addictions](#), [anxiety](#), [PTSD](#), [breakups](#), and [distorted thinking](#).

As your therapist I will discuss the style of therapy in which I'm most well versed and feel would work best for you at the beginning of the session as well as any questions you may have along the way.

Non-Discrimination Policy

I respect each person's right to choose his or her own belief system. I work well with clients from many religions and beliefs. If a client would like to work from a faith-based approach, I am happy to discuss this with you and support your process. Additionally, I respect each person's right to their choices in terms of sexual orientation and will provide a safe place for all orientations. I will discuss my limitations in training if it is an issue and will refer you to a more appropriately trained therapist should this become necessary for you to feel safe.

I believe in supporting people of all ethnicities, cultures and physical challenges. While our gender, ethnicity, orientation or spirituality may be different, I am open to discussing any concerns or questions you may have in working with a therapist who is either a different race, religion, orientation or gender than you. Having an open discussion on any of these topics can lead to a greater level of trust and rapport. If you have any questions regarding my therapeutic approach and style, or this non-discrimination policy, please feel free to discuss this with me now and/or in the future.

Court Reports or Letters

I do not write legal letters or court reports on behalf of clients involved in divorce, custody or other legal matters or lawsuits. I also do not write letters pertaining to legal matters to any outside person (i.e. doctor, school, attorney, etc) or agency regarding your treatment. If a special circumstance should arise where a letter is required by court order, it will require your written consent and will be billed to you at \$25.00 per page and in addition to your hourly fee. I reserve the right to refuse to write letters on your behalf (**unless court mandated**) if I do not feel this would be in your best interest, if it places us in a dual relationship, or will compromise our therapeutic relationship. I will not write letters on your behalf if you are involved in a lawsuit for any aspect of your personal or professional life, as this places us in a **dual relationship as both your therapist and court advocate**, thus crossing therapeutic boundaries. If you are involved in a lawsuit, please understand that entering your mental health into a court hearing may not always be in your best interest as it may compromise your confidentiality and your clinical files may be requested. I will not be your advocate in a court hearing or speak on your behalf as that is not the nature of the therapist/client relationship.

Court Fees

If you become involved in legal proceedings that require my mandated participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the time involved and the interruption to our clinical work, I charge \$250 per hour for preparation and attendance at any legal proceeding on your behalf.

Health Care/Managed Care Insurance Policy

Licensed MFT's

As a licensed healthcare professional, licensed MFTS are able to bill and collect payment from select insurance companies. I provide this service as a courtesy to you, but you need to be aware of the issues that go along with use of insurance and the policies of my practice around the use of insurance. Please review the following:

- Due to the complexities and time delays of insurance reimbursements, I ask that you pay any agreed upon co-pays at the beginning of each session. For example, with Cigna, this is generally \$20, etc. but may vary depending on your plan. Please be prepared to bring the required co-pay to each session.
- I will bill your insurance company on your behalf in order to receive the remainder of payment, but if there are any problems with reimbursement, you hereby agree to resolve these issues immediately through paying the agreed upon amount and balance on your account. Any discrepancies in your favor will be reimbursed immediately through my account.
- There have been cases where misunderstandings of the insurance reimbursement rates have occurred and therefore, I need to maintain this agreement between us as a legal contract for reimbursement of services rendered.
- It is also important that you are aware that by the nature of using insurance, I am required to establish an appropriate diagnosis and treatment plan to suffice the demands of your insurance company. I always work to establish an appropriate diagnosis through our initial interview and this will often involve use of psychological tests or assessments.

Currently, I only accept a few insurances for a limited number of spots. If this changes in the future, I will let you know. Please understand if your deductible is not met you will be responsible for your fee at the start of each session until it has been satisfied.

Additionally, it is important that you also understand that there is **no guarantee** that your insurance carrier will cover your therapy sessions. I ask that clients carefully consider this before we begin our work together. If you choose to work with me, your signature indicates that you understand and agree to respect my policy around managed care health insurance and will honor this agreement now and in the future.

Signature: _____ **Date:** _____

Fees

The fee for your provider is \$_____ per **50-minute** session. Therapy is an investment in self-care and is a process that takes time. I ask that you meet the full fee unless you are **facing serious financial hardship** in which case we can discuss a sliding scale fee before the start of your first session that is mutually acceptable to us both. I have a limited number of sliding scale fee session spots which may be filled at any point in time. If you are not able to afford the discussed fee, even if the sliding scale is available, I will not be able to work together, but will be happy to provide you with some referrals for low cost clinics that offer lower fees. If you utilize our sliding scale, from time to time I will need to revisit your fee and discuss a possible increase. Should your financial situation improve, I will then discuss an increase in your fee that either meets or is closer to my full fee.

PLEASE NOTE: Fees are agreed upon per each client's financial consideration and prior to our first session. **Disclosing client fees or discussing your client fee among clients or in group is an unethical therapeutic practice and is a breach of confidentiality.**

Session Payments Therapy sessions are to be paid in full **at the start** of each session at the time service is rendered. Payments may be via cash or credit card this is the preferred method of payment, Visa, Master or credit/debit card may be used as well. If you choose to pay (or feel that you

may occasionally pay) with a credit or debit card, I ask that you please fill out the attached authorization form. I charge clients at the start of the day on the day of their session. _____

Note regarding use of charge cards: Based on recent law, if you choose to use a credit card, your therapist will need to charge an additional 4.3% fee (i.e \$20 charge = 86 cents) to cover processing fees.

Note regarding use of cash: Please note that I do not carry change. It is your responsibility to bring the exact cash amount for your session fee.

Note regarding use of checks: If a check is returned for insufficient funds, you will be responsible for reimbursing any bank fees incurred.

***Please note: Charges for unpaid services will be turned over to a collection agency which compromises confidentiality.** It is also of important note that I do not “carry over” session payments from week to week or extend credit as this could constitute as an unethical “debtor/creditor” dual relationship and ultimately impact the therapeutic relationship. _____

Reduced Session Payments

As we move toward the final stage of therapy, I may discuss moving your sessions to every other week, vs. once a week in order to taper off for termination. Once sessions are reduced to two times a month, and/or check in sessions every few weeks, I ask that clients who have been using the sliding scale meet my full fee. **If you are a client that will be starting with sessions twice a month I ask that you meet the full fee.** _____

Fee Increases

Fees are reviewed each year and may increase periodically. Every consideration to client's current finances will be made, the increase will be discussed with the client, and a 30-day notice will be given prior to the increase. I will be happy to answer any questions you may have about this fee agreement. Please understand that you have the right to terminate therapy at any point. If you have any questions regarding my fee policy, please do not sign until discussing with me. Your signature indicates that you understand and agree to these conditions:

Signature _____ Date _____

Appointments/Cancellations

My contact number is through the main business line at **(310) 218 7194**. Leave a message there and I will be alerted as to your call. **Texts may be sent to private numbers, but only after a thorough discussion and separate consent agreement is signed regarding electronic transmission policies.** If you are trying to reach me on the same day of your session, I ask that you contact me via phone. Please **note that cell phones cannot be guaranteed as confidential.** I make every effort to return calls and emails within 48 hours. I understand that **occasionally** circumstances beyond your control may arise which would prevent you from keeping your appointment. The message number for cancellations is the same as above; this number is located on the business card that you will take with you today. **If I am unable to attend our therapy session (outside of scheduled vacations) due to an unexpected emergency or illness, every attempt will be made to contact you 24 hours in advance on the phone numbers and/or email you have provided.**

Client Cancellation Procedures and Fees

Short-Notice Cancellation: Appointment cancellations made less than 24 hours of the scheduled appointment will be charged the agreed upon full fee for the session. If you are utilizing insurance for you therapy sessions, missed sessions and short noticed cancellations will be billed directly to you

and your credit card on file. Your managed care or medical insurance does not cover missed sessions. _____

No-Show: If you do not show up for a scheduled appointment (that you have not called to cancel) you will be charged the full fee for the session. If you tend to forget appointments, please let me know.

I will try to email you in advance to confirm our sessions. However, you are responsible for keeping track and attending your sessions. If you are utilizing insurance for you therapy sessions, missed sessions and short noticed cancellations will be billed directly to you and your credit card on file. Your managed care or medical insurance does not cover missed sessions. _____

Group Therapy (when applicable): Group therapy runs in modules and will generally be closed at 6 members per module – depending on the nature of the group. Each client is responsible for their commitment to the group for the full module [generally 8-12 weeks]. Payment is due at the start of each month for the number of groups within that month. All scheduled groups are to be paid whether or not the client attends as the spot in group is saved for that particular client. A client may be asked to leave group if more than 2 sessions are missed per module, as it will impact the group flow and bonding. NOTE: While group therapy can be very helpful, it is not for everyone. Group therapy is available as space becomes open in group and at the discretion of your therapist.

On-going Cancellations or Multiple No-Shows: It is understandable that occasionally an appointment will be cancelled or missed due to illness or emergency. However, your regular session day/time has been reserved for you. My current client schedule does not allow for a great deal of flexibility with respect to continual cancellations, rescheduled appointments, or no shows. If you find that your schedule is no longer able to accommodate the session time reserved for you, please discuss this with me and I will do my very best to find an alternative solution, such as phone sessions, so that we can continue our work together. However, please note that if on-going cancellations, frequent reschedules, missed appointments, and late payments/nonpayment's become an issue, we will need to open up your reserved time to our wait list. If you prefer not to be placed on the waitlist, then we will provide you with three therapy referrals and/or terminate with you until you are able to attend.

Signature _____

Therapist Availability Between Sessions

I am available to take a **brief** 5-minute phone call or answer a **short** email regarding your **therapy appointment times or therapy homework one time** between sessions and no more than 1 time per month without the client incurring a fee. I will not process therapy issues via email or text message unless I have specifically asked you to check in as part of your treatment. If the client feels that more contact is needed between sessions due to crisis, we will need to discuss the possibility of increasing the weekly sessions or scheduling a phone appointment temporarily if I feel that it supports the client's therapy. If frequent non-crisis contact continues between sessions, it will be important to talk about charging for that support time, and/or referring out for a higher level of care than a once a week therapy session can offer.

Therapist Time Off Policy

There will be times that your therapist will need to schedule time away from the office for personal time, vacations, holidays, etc. During this out of office time, your therapist will not be available for contact via email, text or phone unless it is a serious crisis, or life-threatening emergency where there is imminent danger to self or others. If you are a threat to yourself or another when I'm away, please call 911 immediately. On occasion I may provide the phone number and contact information of a therapist colleague who may fill in during my time away for emergency situations. For **emergency**

situations, I will respond to the client within 24 hours of receipt of the email, call or text. For **non-emergency** clients, I will respond the first business day upon returning back to the office. Please note **Therapist time off occurs each year for 21/2 weeks and will be discussed in advance.**

Holiday, Weekend and Evening Contact

I will make every effort to return the call, email or text message of a **non-emergency** client message within 24 hours during the work week. If this call, text or email arrives during a holiday, weekend or evening, I will return **the non-emergency** client contact during the first working day following the holiday, weekend or evening. For **emergency only**, clients (*emergency constitutes imminent danger to self or others*) I will make every effort to return the call, text or email within 24 hours and ask that if the client is facing a life-threatening emergency that they call **911 immediately**. There will be a regular session fee or crisis fee for emergency phone calls and sessions that are in excess of 10 minutes, or more.

Explanation of Dual Relationships

While a therapeutic relationship can feel close and trusting, it is one that is professional in nature with important boundaries. It is unethical for a therapist to invite you into a business venture, ask you for personal favors, start a social relationship with you, etc. These examples are called, “dual relationships” and can negatively impact clinical boundaries. Although our sessions may be intimate psychologically, it is important to acknowledge that we have a strictly professional relationship. On the rare occasion that I see a client outside of the office (when we may accidentally run into each other in public), I will be highly discreet and will maintain your confidentiality. I will do my best to follow your lead, and thus it is your choice to acknowledge the encounter or not. If you do not choose to acknowledge the encounter, I will respect this and will not acknowledge you outside of the office.

Policy Regarding Internet Professional and/or Social Networking Sites

On occasion, clients will send an on-line invitation or “friend” request through Linked In, or social media. Unfortunately, this could potentially risk the client’s confidentiality. As such, I generally choose not to accept these requests from clients.

Physical Contact

Sexual contact is never acceptable in the therapeutic relationship. Romantic or sexual talk, or sexual innuendos and sexual jokes are also unacceptable in the therapeutic relationship. If you should express a sexual comment or joke while in session directed to me, we will need to explore this comment professionally and in a non-shaming way within a therapeutic non-sexual relationship. Hugging is an expression of affection, a greeting or a good bye within many cultures. However, in some cases hugging can be misconstrued as sexual, and can be triggering for some clients, or may interfere with the therapy relationship. Occasionally a client may spontaneously hug while they exit the office or may ask for a hug after a particularly difficult or emotional session or may feel quite comfortable with a hug at the end of sessions or when ending therapy. Some clients are huggers, some are not, and so it is important for us to understand your stance and to maintain appropriate professional boundaries. If I believe after we discuss the request that a non-sexual brief hug is appropriate and supports your therapy, I may allow for this on occasion. Please understand, however, that if I choose not to hug you, it is not an expression of judgment, dislike or dismissal, rather it would be denied in the best interest of your clinical care based on a therapeutic decision.

Referrals of Friends, Family, Co-workers

The greatest compliment a therapist can receive are referrals from current or former clients. There are times when clients wish to introduce me as their therapist, so they can recommend me as a referral, which is ethical and acceptable. Please understand that your confidentiality is extremely important to me. If another client that I see referred you or if you refer a friend, co-worker or family member to me, legally and ethically I’m not able to acknowledge that other person’s attendance to you if they should begin seeing me in therapy or if they are currently in therapy with me. If you choose

to share that I'm your therapist with the person who referred you or with someone you refer, that is a decision that you must make if you choose to reveal you are in therapy with me. Please be assured that I will not acknowledge you as a client to anyone outside of Therapy without your written consent. Occasionally, I may discover through something you share in a session that we have seen/are seeing someone that you know in therapy, if this is the case, we must maintain that person's confidentiality and will hold this information just as I would uphold your confidentiality. On occasion a client may say, "My friend Jane/John Doe mentioned that she/he started seeing you and is enjoying the work you are doing with him/her." An example of a standard response would then be: "I appreciate any referrals that clients make, however, I cannot reveal whom I see in therapy, and thus I cannot remark on whom I see clinically at this time."

Because this may sound rather official to clients, and because I will not acknowledge who I see in therapy, including you, I thank my clients here on this page one time in advance for any referrals they may make:

Thank you for the referral; I am honored by your trust and confidence.

Please fill out the following information **in full.**

CLIENT INFORMATION		
Full Name:		Relationship Status: S <input type="checkbox"/> M <input type="checkbox"/>
Name that you like to be called (nickname):		D <input type="checkbox"/> Sep <input type="checkbox"/> W <input type="checkbox"/>
Date of Birth:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	California Driver's License Number: Car Model: License Plate #:
Occupation:	Monthly Income: Other Income:	
Employer/Company Name: Work Address:		
Home Address w/zip code: Ok to Mail to this address? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email: Ok to Email? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please note that email correspondence is not guaranteed to be confidential)	
Home Phone#: Ok to leave messages? Yes <input type="checkbox"/> No <input type="checkbox"/>	Cell Phone#: Ok to leave messages? Yes <input type="checkbox"/> No <input type="checkbox"/>	Work Phone#: Ok to leave messages? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you previously attended therapy? Yes <input type="checkbox"/> No <input type="checkbox"/> What kind of therapy? Inpatient /Outpatient/ Other _____	If yes, what was the length of treatment, and when were the dates attended? Length: Date(s):	If yes, why did you stop attending therapy?

BIOPSYCHOSOCIAL HISTORY

Symptoms and Behaviors (Please be as specific as possible to any 'yes' responses)

Mania/manic symptoms	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes", circle severity: Low ← <input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10 → <input type="checkbox"/> High
Depressed Mood	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes", circle severity: Low ← <input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10 → <input type="checkbox"/> High
Appetite Disturbances	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes", circle severity: Low ← <input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10 → <input type="checkbox"/> High
Sleep Disturbances	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes", circle severity: Low ← <input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10 → <input type="checkbox"/> High
Change in Energy Level	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes", circle severity: Low ← <input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10 → <input type="checkbox"/> High
Decreased Concentration	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes", circle severity: Low ← <input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10 → <input type="checkbox"/> High
Worthless/Helpless Feelings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes", circle severity: Low ← <input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10 → <input type="checkbox"/> High
Anxiety Symptoms/Panic Attacks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes", circle severity: Low ← <input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10 → <input type="checkbox"/> High
Bingeing/Purging	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes", circle severity: Low ← <input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10 → <input type="checkbox"/> High
Feelings of Guilt	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes", circle severity: Low ← <input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10 → <input type="checkbox"/> High
Obsessions/Compulsions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes", please describe:
Phobias	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes", please describe:
Medical Conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes", please describe:
Hyperactivity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please describe:
Are you having suicidal thoughts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, do you have a plan about how you would commit suicide:
Do you have the means to carry out your plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, how would you do this? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe the method:
Have you ever made a			

suicide attempt or been hospitalized for suicide?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe: <hr/> <hr/> Date(s) of attempts:
Is there a history of suicide in your family of origin?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please list who and what year:
Have you had a previous diagnosis by a therapist or psychiatrist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please list the diagnosis's and the years:

Prescription Medications (please list all currently taking or have taken, the length of time and what they are prescribed for: pain, illness, depression, etc)

- 1.
- 2.
- 3.
- 4.

List anything other medications or comments that I should be aware of regarding your physical or mental health:

Substance Use

Are you currently using alcohol, nicotine or other prescription or non-prescription drugs? Please list how much and how often you drink and/or take prescription or non-prescription drugs:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever felt you would like to cut down on your substance use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever felt you would like to cut down on your substance use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been arrested for a DUI, or drug arrest? Or do you have a past that involves using drugs or alcohol. Please briefly describe circumstances below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Family & Relationship History (Use reverse side of this page if you need additional space)

	Age	Name	Living with You (Y/N)	Deceased (Y/N)
Spouse/Partner	_____	_____	_____	_____
Parent	_____	_____	_____	_____
Parent	_____	_____	_____	_____
Stepparent	_____	_____	_____	_____
Stepparent	_____	_____	_____	_____
Sibling	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Children/Step	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Are your parents divorced? Yes _____ No _____ Remarried? Yes _____ No _____

Religion (if any) _____

Sexual orientation _____

Gender orientation _____ (female, male, transgender, transsexual)

Ethnic Group (select all that apply):

- American Indian Alaskan Native Caucasian Middle Eastern
- Asian Philipino Native Hawaiian Pacific Islander Hispanic/Latino
- Black/African American Multi-Ethnic/Other _____

Family of Origin (Circle Your Answer)

Have you experienced any abuse in your family or relationships?
 None Emotional Physical Sexual Uncertain

In general, how happy were you growing up?
 None Somewhat Mostly Extremely

How much is your family of origin a source of support for you?
 None Somewhat Very Extremely

How much conflict in values do you experience with your parents?

None Somewhat Substantial

Legal Issues

Have you personally experienced legal problems? No Yes (describe)

Are you currently involved in a lawsuit? If so, please describe:

Briefly describe concerns in your life and/or in your relationships that would be relevant for me to know:

On a scale of one to ten, how motivated are you to resolve this issue? _____

Please list your therapy goals (list as many that apply & use the back if need be):

1.

2.

3.

Thank you for taking time to read and complete these questions. This information will be helpful in your therapy process. Your signature is required on the last page before we can begin our work together. Please discuss any questions you may have prior to signing.

Client Signature Page for Informed Consent

RHONDA TAYLOR
Therapist Name

103914 MA, MFT
License / Degree

- I have thoroughly read and fully understand the Informed Consent and therapy policies pages of this document.
- I understand that I am financially responsible for charges and fees incurred.
- I understand limits of confidentiality and mandated reporting by my therapist.
- I agree to respect the boundaries of contact between sessions and understand email is not an appropriate form of processing what is best discussed in session.
- I understand that emailing, texting and cell phone are not guaranteed as confidential.
- I have answered all questions in full, truthfully and to the best of my knowledge.
- I have had all questions about this document answered and sign willingly.

- I authorize the therapist noted above doing business under Rhondataylortherapy.com to provide psychotherapeutic treatment for me.

Client (Print Name)

Date

Client (Signature)

Date

Therapist Signature

Date