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CONFIDENTIAL CLIENT INFORMATION

Client's Name _____ Date _____

Address _____ Date of Birth _____
_____
_____ Age _____

Home Phone _____ Work Phone _____

Cell Phone _____

May I call you at home? ❑ Yes ❑ No Okay to leave a message at home? ❑Yes ❑No
May I call your cell? ❑ Yes ❑ No Okay to leave a message on cell? ❑Yes ❑No
May I email you? ❑ Yes ❑ No Email address: _____

Person to notify in the event of an emergency _____
Emergency contact's relationship to you _____ Contact's phone _____

List family members and others in your home

Name	Age	Relationship	Occupation

Medications and supplements taken

Medication	Dosage	Prescribing Physician

Current Treatment Providers

	Name	Phone	Last Seen
Physician			
Psychiatrist			
Therapist			
Other			

Please provide any other information you would like me to know.

OFFICE POLICIES & GENERAL INFORMATION
AGREEMENT FOR PSYCHOTHERAPY SERVICES

The following is an outline of my office policies. Please read this information carefully and feel free to ask any questions you may have.

I am licensed within the State of California as a Clinical Social Worker (LCS #23923).

Although I am in an independent private practice, I work closely, whenever possible and appropriate, with my professional associates. I also utilize professional consultations in order to continually improve my professional skills. I meet regularly with my associates and other professionals for case management and consultation. These professionals must also abide by the ethical rules of confidentiality. I will assume I have your permission to discuss your case (not your name or other identifying information) with any of my colleagues. If this is not acceptable to you, please let me know.

***The Process of Therapy**:* A therapy session typically lasts 50-55 minutes, beginning on the hour and ending at 5 minutes before the next. I encourage you to arrive five to ten minutes early to mentally "switch gears" and take advantage of the entire session time.

Risks and Benefits: Participation in therapy can result in many benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty and openness in order to change your thoughts, feelings, and/or behavior. I will ask for your feedback and views on your therapy, its progress and other aspects of the therapy, and will encourage you to respond openly and honestly.

During therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. As your therapist, I may challenge some of your assumptions or perceptions, or propose different ways of looking at, thinking about, or handling situations that can cause you to feel upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended.

Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. Although I certainly expect that psychotherapy will yield positive or intended results, there is no way to guarantee this.

Sometimes more than one approach can be helpful in dealing with a certain situation. During the course of therapy, I will draw on various psychological approaches according, in part, to the problem that is being treated and my assessment of what will best benefit you. These approaches may include but are not limited to behavioral, cognitive, psychodynamic, system/family, developmental, Somatic, EMDR (Eye Movement Desensitization and Reprocessing), Pia Melody's ***Model of Developmental Immaturity*** and/or psycho-educational techniques. I welcome any questions you may have about the therapy process and practices so please feel free to discuss these with me.

Confidentiality: All information disclosed during sessions, including that of minors, is confidential, and may not be revealed by me to anyone without prior written consent by you, except where disclosure is either permitted or is required by law. Disclosure is *mandated* under the following circumstances:

1) ***When the client communicates a threat of bodily injury to another person;***
2) ***When the client is imminently suicidal;***
3) ***When there is a reasonable suspicion that child abuse or neglect or abuse to a dependent or elder adult has occurred or is likely to occur;***
4) ***When information is ordered pursuant to a legal proceeding.***

I will, under no circumstances, release such information to appropriate authorities without first sharing my intention to do so with the client.

In order to provide you with the best care, I maintain regular professional consultation, and participate in mandatory continuing education. At no time is a client's name or identifying data revealed to others without prior written consent by you, the client.

Payment and Insurance: My fee is $170.00 for a 55-minute session. Payment is due at the end of each session. You may pay by check, Zelle, cash or credit card If you pay by check, it is preferred that you bring a completed check with you to each session so that check-writing will not interfere with your full amount of time.

Some insurance companies will cover your mental health session. Please check with your insurance provider as to your coverage, your current deductible. I will be happy to supply you with a Statement to submit for reimbursement to your provider.

At times, if EMDR (Eye Movement Desensitization and Reprocessing) is utilized as a treatment modality, we may decide on longer sessions. This will be fully discussed with you and charges will be pro-rated according to our fee arrangement.

Discussion of Treatment Plan: Within a reasonable period of time after the initiation of treatment, I will discuss with you my working understanding of the problem, treatment plan, therapeutic objectives and my view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, the possible risks, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that I do not provide, I have an ethical obligation to assist you in obtaining these treatments and will gladly do so.

Cancellation: **Since the scheduling of an appointment involves reservation of a time set especially for you, a minimum of 24-hour notice is required for rescheduling an appointment. This time will allow me to adjust my schedule. Thank you for honoring my policy.**

To avoid being charged for the canceled session, please make sure to call in your cancellation a **full 24 hours** in advance of the scheduled appointment. If feasible, I will reschedule a missed session or a late cancellation if the new appointment can be made during the same week. If, for any reason, rescheduling the same week is not possible, and **if a full 24 hours advance cancellation is not received, full payment for the missed session is due.**

Emergency Consultation**:** If you need to contact me for an emergency between sessions, please leave a message on my office voice mail at 310.897.0410, leaving your name and your phone number. I will call you back as soon as I possibly can. If you need to talk to someone right away, or if there is a life-threatening emergency, please hang up and dial 911 or go to the nearest Emergency Room at a local hospital. When I am out of town, or otherwise not available, I will leave information as to whom if anyone will be available during my absence.

Between sessions, if you feel a need to talk to me, I am available for brief conversations without charge. If the particular problem or situation requires **more than 10 minutes**, we can schedule time to meet prior to your next regular session or set an emergency session by phone. **The phone session will be subject to our pre-set fee.**

Continuing Education: Please be advised that I am out of the office approximately 2-3 weeks per year. I take my continuing education seriously; at times, I will be away at conferences and at other times, it will be for vacation.

If you have any questions, please feel free to ask me any time. If there is an unexpected change in your circumstances, financial or otherwise, please discuss it with me. I want our therapeutic relationship to be open, free of miscommunication and misunderstanding. The trust and confidence you expressed in selecting me as your therapist is greatly appreciated.

Emails, Cell Phones, Computers and Faxes: It is very important to be aware that computers, emails and cell phone communications can be relatively easy to access by unauthorized individuals, and hence can compromise the privacy and confidentiality of such communication. Emails are vulnerable to such unauthorized access. If you should decide to communicate confidential or private information via email, I will assume that you have made an informed decision that you are agreeing to take that risk that this communication may be intercepted. However, to protect your confidentiality, I will respond to emails regarding appointments and will not respond to other emails. Regarding text messaging, I will only respond regarding appointments. Thank you for respecting my policy.

Terminating Treatment: Termination from therapy is an important process, which can be of benefit to clients and therapist. This is an important opportunity to reflect on progress, or lack of, and the process of where you are now and where you hope to be going. I encourage client to participate with me in this process of finding out what was helpful, as well as what could have been more helpful. It is your right to terminate therapy at any time. If you choose to terminate, I will be glad to provide referrals to qualified professionals. I do request that you do come in to discuss leaving and any feelings that may be associated with the process. As your therapist, I have the right and duty to terminate therapy under the following circumstances: when I assess that treatment is no longer helpful or beneficial to you, if I determine that another professional would better serve your needs, if you have not paid for the last two sessions without the required 24-hour notice of cancellation. In all cases I will be happy to provide you with resources and referrals as necessary.

California's AB1775 New Child Pornography Law

California's AB1775 New Child Pornography Law in Effect January 1, 2015, requires psychotherapists, counselors and other mental health professionals to report if a client has knowingly downloaded, streamed, or accessed (that is, viewed) an electronic or digital image in which anyone under 18 is engaged in an act of obscene sexual conduct.

I authorize and request my therapist to carry out psychological evaluations, treatment and/or diagnostic procedures that now, or during the course of my treatment become advisable. I understand the purpose of these procedures will be explained to me upon my request, and are outlined above in this document, and that they are subject to my agreement.

Client signature _____ ***Date:*** _____

Client signature: _____ ***Date:*** _____