

Karen M. Giordano-Brenghause, MS, LMFT

Licensed Marriage and Family Therapist

California License No. 35077

Informed Consent

Thank you for selecting me as your therapist. Therapy is a process that may lead to problem solving, resolving grief and loss issues, and/or reaching personal goals. You may experience changes that have benefits and risks, and such changes can impact how you relate to others. Moreover, changes in relationships may occur. Sometimes through the process you may feel worse before you feel better. I trust that you will let me know when you are having unmanageable painful feelings and call 911 or go to the hospital should you be in crisis away from our sessions. I look forward to working with you.

Office Address: 1555 River Park Drive, Suite 206P, Sacramento, CA 95815
3017 Douglas Blvd, Suite 300, Roseville, CA 95661

Office Phone: (916) 686-1222 or (916) 479-5566

Confidentiality: The law and ethics of psychotherapy protect your right to privacy. Information about you will not be released without your prior written permission, except when I have reasonably suspect:

- (1) Child, elder or dependent adult neglect or abuse:
- (2) Threats of harm to yourself, others, or property:
- (3) Legal proceeding requiring disclosure: or
- (4) Insurance company requires for reimbursement or authorization of services

Electronic Communication Risks: While I strive to maintain the security of all electronic communications, no platform is entirely without risk. Email and text messaging are not fully secure and are best used for logistical purposes only. I may contact you via email or text messaging.

Telehealth Services: I offer teletherapy via Zoom for Healthcare, a HIPAA-compliant platform. Participation requires a private location and acknowledgment of associated risks.

Permission for Treatment: I agree to participate in treatment with Karen Giordano-Brenghause, LMFT. This authorization is effective immediately and shall remain in effort for the course of treatment unless revoked by the undersigned at any time.

Fees: My standard fee is \$175 per 50-minute session. Payments are due at the onset of the therapeutic session. If payment is not covered by insurance, you will be responsible for payment.

Cancellations: For cancellations, please call 24 hours in advance of your scheduled appointment or you will be charged for the session \$175.

Legal Actions for Unpaid Accounts: In the event of unpaid balances, I reserve the right to pursue recovery through small claims court or other civil remedies. Associated fees may include attorney's costs and court fees.

Mediation and Arbitration: Disputes will first be referred to mediation and, if unresolved, to binding arbitration. Costs will be shared equally unless otherwise determined by the arbitrator.

Notice: The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of marriage and family therapists. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

“I acknowledge and Agree to the terms and conditions outlined above and agree that I am responsible for payment of services not covered by my insurance provider. I understand that the above conditions and hereby request psychotherapy services.”

Date _____

Clinical History Questionnaire

Parent Name: _____ Date of Birth: _____
Address: _____ Email Address: _____
_____ Cell Phone: _____
Marital Status: _____ Religion: _____ Occupation: _____

If Child or Family therapy, please list names of children:

Child Name: _____ Child DOB: _____
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Insurance: Plan Name: _____ Name of Subscriber: _____
Policy Number: _____ DOB of Subscriber: _____
Subscriber Address: _____

Presenting Problem: _____

Client Medical Information:

Primary Care Doctor: _____ Medical Condition(s): _____
Alcohol Use (frequency/amount): _____
Drug Use non-prescribed street or over-the-counter (frequency/amount): _____

Drug use prescribed name and dosage: _____

Tobacco: ___ cigarette ___ vaping How Often each day? _____ Quantity each day? _____

Ethnicity/Cultural/Religious Considerations: _____

For Minors Only:

Legal Guardian/Parent Name: _____ Living with Child: Yes _____ No _____
Legal Guardian/Parent Name: _____ Living with Child: Yes _____ No _____
Custody Schedule if child has two homes: _____

School Name: _____ Teacher: _____ Grade level: _____
School Behavioral Problems: Yes _____ No ___ Describe: _____
School Academic Problems: Yes _____ No ___ Describe: _____
Special Needs: ___ IEP ___ 504 Plan Targeted behavior: _____