

New Client Information

Client's Name: _____ Birth date _____
Mailing Address: _____
City & ZIP: _____ Phone Number _____
Primary Insurance: _____ ID#: _____
Responsible party & DOB _____
Relationship (Parent/Guardian, please explain)? _____

Symptom Status Scale:

On a Scale of 0-10, where 0 is no evidence and 10 is the highest level you can imagine, please place a circle on the scale below to identify how you are feeling today:

How happy are you feeling? Not 0-----3-----5-----8-----10 High
How sad are you feeling? Not 0-----3-----5-----8-----10 High
How angry are you feeling? Not 0-----3-----5-----8-----10 High
How satisfied are you at school/work Not 0-----3-----5-----8-----10 High
Hopelessness Not 0-----3-----5-----8-----10 High

Indicate by a check mark, if you are experiencing any of the following symptoms or challenges:

Depression _____ Anxiety _____ Trauma _____ Sleep _____ Appetite _____
Work _____ School _____ Concentration _____ Changes in Mood _____
Intrusive Thoughts _____ Low Self Esteem _____
Sexual _____ Drinking/Drug _____ Legal _____ Physical Aggression _____
Parenting/Child problems _____ Suicidal Thoughts _____ Suicidal Plans _____

Please CIRCLE the following answers

Deaths and/or losses: **YES or NO** (Who or What?) _____
Past or ongoing Sexual, Physical, or Emotional Abuse **YES or NO**
Flashbacks of upsetting thoughts/experiences **YES or NO**
Hearing or seeing things that are not present **YES or NO**
Last Physical Exam & Blood tests _____ Month/Year
Do you have a history of seizures? **YES or NO**
Do you feel safe? **YES or NO , or to discuss later**
Have you had past inpatient or outpatient mental health services? **YES or NO**

Your Personal Goals/Treatment Plans for therapy:

1. _____
2. _____

Informed Consent

INFORMATION, OFFICE POLICIES AND GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES

The process of therapy/evaluation

I am a Licensed Marriage and Family Therapist and I believe that therapy should be tailored to everyone's needs. I am available for clients who keep regularly scheduled therapy appointments. Participation in therapy is always voluntarily and can result in several 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. During counseling you may be asked to consider doing things that you may not normally do to "break" a habit or to foster better relationships that are more beneficial for you.

Personal therapy can be challenging as it could allow the client to challenge many previously held beliefs and cause mental discomfort or cognitive dissonance. You also may be asked questions that family members and friends shy away from because doing so may compromise or end their relationship. The questions or feedback that I provide is intended to assist and support you in meeting your treatment goals in therapy. You are encouraged to speak up at any time with me to address any issue you may have in your therapy. I am an easy going, but focused and supportive as a counselor.

Sometimes with therapy, things can seem to get worse before they get better but often things work well from the start of therapy. Psychotherapy works well when you are actively involved in the process, express a higher level of being honest, and openness to change your thoughts, feelings, and/or behavior. "Confrontation is a skill that can assist clients to increase their self-awareness. It can be used to highlight discrepancies that clients have previously been unaware of. Successful therapy involves self-awareness. Confrontation is often used when the counsellor observes mixed messages or incongruities in the client's words, behaviors, feelings or thoughts." I will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and would like for you to respond openly and honestly. Also, I believe that additional therapy occurs in between each therapy session and homework will often be suggested to increase strength on the issues presented.

DUE TO THE VARYING NATURE AND SEVERITY OF CHALLENGES AND THE INDIVIDUALITY OF EACH CLIENT, WE ARE UNABLE TO PREDICT THE LENGTH OF YOUR THERAPY OR TO GUARANTEE A SPECIFIC OUTCOME.

Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation and 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, and so forth, or experiencing anxiety, depression, insomnia, etc. We may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that may cause you to temporarily feel upset, angry, sad, depressed, challenged, disappointed, or happy. Attempting to resolve issues that brought you to therapy in the first place, such as personal or

Initial for understanding this information on this page by the adult_____

interpersonal relationships, may result in changes that were not originally intended. Some people during & after therapy may change their lifestyle decisions or career choices.

Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, and/ or relationships. Sometimes, a decision that is positive for one family member can be viewed quite negatively by another family member. Change will sometimes be easy and swift, but at times it will be slow and even frustrating. Even though I need to state that there is no guarantee that psychotherapy will yield positive or intended results, most (about 90%) of my clients have reported positive results after 1-4 sessions. During therapy, I will likely draw on various psychological approaches according, in part, to the problem that is being treated and assessment of what will best benefit you. These approaches may include Behavioral, Cognitive-Behavioral, Solution-Focused, Gestalt, EMDR, Family or Couple therapeutic orientations.

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 challenges, treatment plan, therapeutic objectives, and view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used during your therapy, possible risks, or about the treatment plan, please ask questions. You also have the right to ask about other treatments for your situation, risks and/or benefits. The therapist is under an ethical duty to terminate when the therapist determines that the patient is not sufficiently benefiting from the treatment and the therapist believes that the patient needs a different level or kind of care

Fee Payments and insurance reimbursement

The standard fee for individual, couples, and family therapy is \$140 per 53-minute session. **Payment will occur before the session begins**, as I have zero intention to have any client to be in debt. Any debit or credit card payment or HSA use of the Credit card machine will involve a 3.5% surcharge at the time of the transaction.

Telephone conversations, site visits, report creating, requested consultation with other professionals, release of information, reading records, longer sessions, travel time, responding to any court-related order or request, and so forth, will be charged prorated at \$140 per 53 minutes, unless indicated on this page or agreed otherwise.

Clients who carry insurance (other than IEHP/Molina) will be charged \$140 at the beginning of the session and then billed out to the insurance company and any co-pays, deductible, denial of payments, mis-direction of checks, and co-insurance is the client's responsibility. Please verify that you are covered through your insurance before commencing therapy. Unless mutual

Initial for understanding this information on this page by the adult_____

arrangements have been made, if payment is not received, I will have the option to terminate therapy due to breach of contract and refer the client out to a different therapist. Not all issues/conditions/problems that are the focus of psychotherapy are reimbursed by insurance companies.

Returned checks

A \$25 return check fee will be charged plus the amount listed on the returned check will need to be paid in full before your next session is scheduled and no checks will be accepted for 2 months.

Health Insurance and Confidentiality of Records

Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO to process the claims. I will only mention the minimum necessary information to your insurance carrier. Unless authorized by you explicitly, the psychotherapy notes will not be disclosed to your insurance carrier without your written permission. For clients with IEHP, your insurance plan has authorization as signed by you that they could audit the health record at any time or require all paperwork in your file with this office when you file a grievance and/or a lawsuit. I have no control or knowledge over what insurance companies do with the information I submit or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and soon will also be reported to the Congress-approved National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question, as computers are inherently vulnerable to break-ins and unauthorized access. As per the news media, medical data has been reported to have been sold, stolen, or accessed by enforcement agencies.

****Cancellation or Missed appointments **Please read – VERY IMPORTANT****

Since scheduling of an appointment involves the reservation of time specifically for you, **a minimum of 6 hours' notice is required for rescheduling or canceling an appointment. Here is the good news - Your communication is highly regarded even if you don't meet the 6-hour time frame, I would never charge you for the missed session fee if you contact me in advance and I can have a different client take your appointment time slot.** Most clinicians charge a full fee for a missed appointment and "require" 24 hours' notice, as our requirements are considerably less strict. However, clients who have missed at least 2 sessions in a small amount of time will be reassessed for the therapeutic needs for counseling and could be referred to a different therapist. Basically, please provide courtesy and consideration by contacting this office if you cannot attend your session in advance, as there are many people that are seeking much needed mental health counseling. ***Unless we reach a different agreement, the fee of one hundred dollars (\$100) will be charged for the 1st session missed within 6 hours of the missed appointment.*** A 2nd and any other

Initial for understanding this information on this page by the adult_____

missed sessions will result in a \$140 missed session fee, payable before the next session is scheduled. You may elect to allow a phone call session to avoid the missed session status. Clients using IEHP/Molina have the same standard, but the missed appointment fee is inline with Medi-CAL standards/agreement. **If you have a busy schedule when scheduling may be an issue and a missed appointment may likely occur, please discuss this with your clinician as soon as possible**, so we could make special scheduling arrangements to avoid the missed session fees. No insurance company will reimburse for missed sessions. If I do not have contact or communication from you for a period of 21 days, I may assume that you no longer intend to remain active in this therapeutic relationship and your case will be closed. Returning to therapy at this office after the file is closed will need to be a mutual decision or you will receive at least three referrals of local clinicians.

Emergencies

If you need to contact me between sessions, please leave a message on my voice mail and your call will be returned as soon as possible. I usually have phone hours between 8a-9pm and I usually do not answer phone calls after hours. If an emergency arises, please indicate it clearly in your message. If you need to talk to someone right away, you can call the 24-hour Riverside County Crisis Hotline (951) 686-4357, the Police (911), or the 24-hour Riverside County Psychiatric emergency number, (951) 358-4881

Confidentiality of e-mail communications – Recent events in the news

It is especially important to be aware that unauthorized people can easily access e-mail and texting communication and, hence, the privacy and confidentiality of such communication can be easily compromised. E-mails are vulnerable to such unauthorized access since servers have unlimited and direct access to all e-mails that go through them. Please notify me at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Please do not use e-mail in emergency situations. If I do not respond to your text, please call me.

“Grand Quality Counseling” and Consultation

Glaser Burkhardt, LMFT is the owner of Grand Quality Counseling Group and other than providing counseling services; I supervise Interns to assist in the development of preparing high quality counselors to the public. I may consult with other professionals and/or colleagues regarding my clients; however, the client's name is completely anonymous, and confidentiality is fully maintained.

Termination

You have the right to terminate therapy at any time. If you choose to do so please call to let me know, as I will offer to provide you with names of other qualified professionals whose services you might prefer. After the first few meetings, both you and I will assess if I can be of benefit to you. I do not extend counseling to clients who, in my opinion, I cannot help. In such a case, I will give

Initial for understanding this information on this page by the adult_____

you referrals that you can contact. If at any point during psychotherapy, you want another professional's opinion or wish to consult with another therapist, I may assist you in finding someone qualified, but I will need your written consent to disclose any information. I will guide you through your therapy, but you are in charge of your therapy.

Mediation and Arbitration Option

All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation before, and as a precondition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by reasonable agreement by Grand Quality Counseling Group Management within 60 days of the dispute. The cost of such mediation, if any, shall be split equally, unless otherwise agreed. If mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Riverside County, California in accordance with the rules of the American Arbitration Association, that are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, if your account is overdue (unpaid) and there is no agreement on a payment plan, this clinician can use legal means (arbitration, collection agency, etc.) to obtain payment through Good Faith efforts after 30 days of first bill due.

VERY Important Notice to Clients *****

The therapy provided at this office is intended to support your therapeutic goals. Therapy is not intended to be used as a means to address legal matters in court, if you have a possible, pending or ongoing legal matter and therapy is suggested, it is required that you advise this clinician at this office immediately. Not addressing the possible, pending, or ongoing legal issue at the first session will likely corrupt the client/therapist relationship and will likely result in being immediately terminated and referred elsewhere. Any information provided by this therapist is not intended, nor should be interpreted as legal advice nor implied as such. Should this clinician be summoned to court, my fees of \$140 per every 53 minutes will be required by the responsible party for this client for travel to and from court, waiting while at court and for my court appearance and payment is expected 4 days before the court date. **Also, this office does not assess for application of mental disability with the state of California nor Worker's Comp claims, nor assessing for emotional support animals, nor provide child custody evaluations, as these areas are out of the scope of practice for this clinician.** I do provide emergency treatment for people whom have eating disorders, substance abuse/dependence, and domestic violence, but will refer to an expert in those fields. Also, because politics is a great distraction for therapy, this clinician will spend minimal time or re-direct from national political issues. If you pray, I encourage you to pray before your therapy session to allow for appropriate guidance, healing, availability, acceptance, and/or understanding. If you don't pray, you don't have to. The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of ([include your

Initial for understanding this information on this page by the adult_____

profession: marriage and family therapists/licensed educational psychologists/clinical social workers/professional clinical counselors]). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

COVID-19 Issues/concerns

You, your family and/or representatives or guests will assume the risks involved with COVID-19 issues and take precautions. You understand that the risk of becoming exposed to or infected by COVID-19 at this office may result from the actions, omissions, or negligence of others, including, but not limited to employees, clinicians, other clients, or any visitor. You voluntarily agree to assume all foregoing risks and accept sole responsibility for any injury to your family and/or yourself with regards to CoVid-19 infection.

Your Rights in Therapy

The counseling experience is often new for many people. I believe that all my clients shall be supported in their therapy and aware of their rights in the therapeutic process.

The following "Patient Bill of Rights" may be found at the California Board of Behavioral Sciences website. Clients have the right to:

- Request and receive information about the therapist's professional capabilities, including licensure, education, training, specialization, and limitations.
- Receive treatment that will be helpful to you, which will likely include some confrontation of thoughts, feelings, and behaviors.
- A safe environment, free from sexual, physical, and emotional abuse.
- Ask questions about your therapy & refuse to answer any question or disclose any information you choose not to reveal.
- Request and receive information from the therapist about your progress.
- Know the limits of confidentiality and the circumstances in which a therapist is legally required to disclose information to others.
- Refuse a particular type of treatment, or end treatment without obligation or harassment.
- Seek out a second opinion at any time.
- **No portion of the Telehealth therapy or in-office therapy session** provided will be transmitted or recorded without prior written consent of everyone in session and this therapist., **NO exceptions.**

LIMITS OF CONFIDENTIALITY

All of your communications with me are covered by the laws of confidentiality in the State of California except in the following circumstances:

1. If you intend to harm another person, I am legally required to warn the authorities and the person you intend to harm and/or his/her family.
2. If you pose a life-threatening danger to yourself or cannot take care of yourself (gravely disabled), I have an ethical duty to take action to protect

Initial for understanding this information on this page by the adult_____

you, which may include warning the authorities and/or your family members.

3. If you disclose that you or someone you know has been, or is, involved in child abuse (Riverside County CPS minimum standards), elder abuse, or abuse of a disabled person.
4. If your therapy costs are covered or partially covered by insurance, the insurance company will require, at a minimum, a diagnosis, and the dates of service. On rare occasions insurance companies may audit and gain access to your records.
5. In Couple’s Therapy, this clinician has a Best Practice’s “No Secrets” policy. Meaning, we share information to better assist the couple. Should there be a significant “secret” that is determined to affect the couple, this clinician will not share the secret but will likely suspend or terminate the couple’s next session but will allow couple’s therapy to continue once the secret is revealed by both people in the couple.

HIPAA NOTICE OF PRIVACY PRACTICES

I. This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

II. It is my legal duty to safeguard your protected health information (PHI).

By law I am required to ensure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this notice about my privacy procedures. This notice must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, use, examine, or analyze information within my practice; PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside my practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this notice.

- ¹ <https://www.counselingconnection.com/index.php/2009/11/10/confrontation/>

By signing below, you agree that you have read and understand the limits of confidentiality, the office policies, and general information for psychotherapy services as described, and agree that your therapy will be conducted within these safeguards.

Client Name (please print)

Client’s Signature (Parent or authorized representative)

Date

Initial for understanding this information on this page by the adult_____