

New Client Information & Informed Consent

Client's Name: _____ Birth date _____
Mailing Address: _____
City & ZIP: _____ Phone Number _____
Primary & Secondary Insurance: _____ ID#: _____

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 within the last year: Circle immediate problems:

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

Last Physical Exam & Blood tests _____ Month/Year

Please list recent medications: _____

Please CIRCLE the following questions:

Have you had past or ongoing Sexual, Physical, or Emotional Abuse **YES or NO**
Have you had flashbacks of upsetting thoughts/experiences **YES or NO**
Are you hearing or seeing things that are not present **YES or NO**
Have you had a history of seizures? **YES or NO**
Have you had past inpatient or outpatient mental health services? **YES or NO**
Do you feel safe? **YES or NO , or to discuss later**
Upsetting Deaths and/or losses: **YES or NO** (Who or What?) _____

Your Personal Goals/Treatment Plans for therapy – Very Important:

1. _____
2. _____

Psychotherapy Dynamics – FYI

In a therapy session, I will ask many different questions to assist to identify certain challenges/problems in your life. Your truthful participation is essential for success. I will often inquire about things you might not have considered as potentially valuable as to the root cause or contributing factors of certain motivations or responses. Some realizations on your part may be particularly upsetting or relieving and this is often the process of therapy. I am interested in assisting with problem solving, decreasing suffering and promoting healing with every single client/patient.

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 (LMFT) and I believe that therapy should be tailored to each person's needs. 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. I am available for clients who keep regularly scheduled therapy appointments. 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 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. I am here to assist you to meet your goals. It is proven in therapy that the more truthful a person responds in therapy, the quicker their therapy process will be. If a person is not ready for therapy, I will support that position and say that it is ok and maybe one day, they will be.

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 successful therapy occurs in between each therapy

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session and homework will often be suggested or assigned to increase strength on the issues presented, especially journaling.

I will strive to use tact when addressing sensitive emotional subjects, but sometimes the issues at hand are extremely sensitive and/or toxic and I may confront a conversation's path or direction. Sometimes, confronting a topic can be upsetting for a client, I will acknowledge that many times the pain will pass, but the pain might be too uncomfortable or very overwhelming for a person and at times, I will need to know from you to slow or stop the conversation, in order for you to recover. "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 counselor observes mixed messages or incongruities in the client's words, behaviors, feelings or thoughts."

DUE TO THE VARYING NATURE AND SEVERITY OF CHALLENGES AND THE INDIVIDUALITY OF EACH CLIENT, I AM 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 or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, rage, worry, fear, and so forth, or experiencing anxiety, depression, insomnia, etc. I 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 interpersonal relationships, may result in changes that were not originally idealized or intended. Some people in therapy may decide to 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 problem, treatment plan, therapeutic

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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 \$160 per 50-minute session. **Payment will occur before the session begins**, as I have zero intention of having any client to be in debt. Please verify that you are covered through your insurance before commencing therapy.

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/or Expert Witness depositions, will be charged prorated at \$160 per 50 minutes, unless indicated on this page or agreed

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

Private pay clients will have strict confidentiality. Disclosure of limited confidential information may be required by your health insurance carrier to process the claims, such as date of service and diagnosis. Unless authorized by you explicitly, the psychotherapy notes will not be disclosed to your insurance carrier without your written permission. However, for clients with IEHP your insurance plan has authorization as signed by you with Medi-CAL that certain entities may review your file (audit) at any time for the next ten years: I have no control or knowledge over what insurance companies do with the information I submit to them for the purposes of an audit.

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 or military enlistment. The risk stems from the fact that mental health information is entered into insurance companies' computers database. 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**

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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. Also, clients who have missed at least 2 sessions in a small amount of time or have a "no call/no show" 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 6 hours 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 missed sessions will result in a \$150 missed session fee, payable before the next session is scheduled. This office will honor the Medi-CAL standards/agreement with regards to missed session fees for clients with IEHP. If mutually agreed, you may elect to allow a phone call session to avoid the missed session status. **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 30 days, I will 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-8pm Mon-Fri, 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 communications

It is especially important to be aware that unauthorized people can easily access phone, 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.

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“Grand Quality Counseling” and Consultation

Glaser Burkhardt, LMFT is the corporate owner of Grand Quality Counseling with Glaser Burkhardt, LMFT, INC, and I may consult with other professionals and/or colleagues regarding clients; however, the client's name is completely anonymous, will not be disclosed, and confidentiality is fully maintained.

Termination

You have the right to terminate therapy at any time, no questions asked. If you choose to do so please call or text me to let me know, instead of “ghosting”. I can 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 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, you may, or I may assist you in finding someone qualified, but I will need your written consent to disclose any information. I will assist and 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 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.

VERY Important Notice to Clients *****

The therapy provided at this office is intended to support your therapeutic goals. This 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 to a court supportive therapist. 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 \$160 per every 50 minutes will be required by the asking 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**

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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 likely refer to an expert in those fields within 3 sessions. Also, because politics is a great distraction for therapy, this clinician will spend minimal time or re-direct from local and national political issues. If you pray, I encourage you to pray before or after 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 marriage and family therapists. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830. Or you may talk to your therapist to express what you need.

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.
- 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 therapy session** provided will be transmitted or recorded without prior written consent of the mutually agreed participants as agreed upon by 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 you, which may include warning the authorities and/or your family members.

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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.
5. In Couple's & Family Therapy, this clinician has a Best Practice's "No Secrets" policy. Meaning, we share information to allow all people in session to "be on the same page". Should there be a significant "secret" that is determined to affect anyone in session, this clinician will not share the secret but will likely suspend or terminate the next session, but will allow 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/>

I have read and understand the limits of confidentiality as described, and I agree that my therapy will be conducted within these safeguards. I also agree that I have read and understood the office policies and general information for psychotherapy services.

Client Name (please print)

Client's Signature (Parent or authorized representative) Date

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