

CLIENT INFORMATION

(please print)

TODAY'S DATE

LAST NAME

FIRST NAME

BIRTH DATE

DRIVER'S LICENSE #

STATE

HOME PHONE

CELL PHONE

WORK PHONE

STREET ADDRESS

CITY, STATE

ZIP CODE

EMAIL ADDRESS

PHYSICIAN

TELEPHONE

PHYSICIAN'S ADDRESS

EMPLOYER

EMPLOYER'S ADDRESS

EMERGENCY CONTACT

TELEPHONE

FIRST APPOINTMENT DATE

FEE

THERAPY POLICY INFORMATION & AGREEMENT

Please read this carefully. Do not hesitate to ask for clarification.

Appointments: are 50 minutes in length. Sessions will begin and end on time. Arriving late for session will result in a shortened session.

Fee: is \$160.00 per individual session (50 minutes) and \$300.00 per couples session (90 minutes); unless otherwise specified and agreed upon prior to the first session. Telephone consultation and/or documentation request, exceeding 10 minutes, is billable as negotiated (usually the agreed upon rate for face to face session). Please pay, before the start of each session, PayPal payable to Katherine Black, or check.

Cancellations: need to be made 24 hours prior to the scheduled appointment time. If an appointment is missed or canceled with less than 24-hour notice, you are responsible for full payment of the session.

Telephone and emergency coverage: I have a telephone voice mail that is available at all times for routine messages. I will make every attempt to return messages within 24 hours. If you are having an emergency and need immediate assistance, call 911 or go to the nearest emergency room.

Confidentiality: In general, all communication between a therapist and a client is confidential and protected by law and may not be revealed without your written permission. But there are exceptions. Exceptions to confidentiality include if I believe my client is a danger to self or others. I then may need to breach confidentiality in order to provide protection and safety. Also, disclosure is required when there is reasonable suspicion of child, elder, or dependent abuse. Disclosure may also be required in certain legal proceedings. If you initiate litigation that puts your mental status at issue, the judge may order me to testify.

There are no guarantees about treatment outcomes or what you will experience. Also, the process of healing requires effort on your part, and you will need to work on things in session and at home. You may experience a range of emotions. Attempting to relieve relationship issues may result in changes that were not originally intended. I encourage you to discuss with me your experience of the healing process and ask questions about my treatment methods & business procedures.

I have read the above, understand it fully, and agree to these terms of treatment.

CLIENT NAME (please print) _____

SIGNATURE OF CLIENT OR AUTHORIZED REPRESENTATIVE

DATE