

**New Client Information
(Confidential)**

Your full legal name _____

Name you prefer to be called _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ May I call & leave my name & phone number there? _____

Work Phone _____ May I call & leave my name & phone number there? _____

Cell/Car Phone _____ May I call & leave my name & phone number there? _____

Date of birth _____

Relationship Status _____ Partner's name _____

Are you currently in treatment with any other mental health professional? _____

If yes, are you willing to sign a release of information form so I may communicate with that person?

Person to contact in case of an emergency

Name _____ Relationship _____

Phone _____

Do you have any physical health problems? _____

Are you taking any medication? _____

How did you learn of my services? _____

What is your current primary problem? _____

How serious is your situation? _____

What motivated you to seek help? _____

What do you hope to gain from therapy? _____

Bill of Rights

Consumers of marriage & family therapy or psychological services offered by someone licensed by the State of Minnesota have the right:

1) to expect that a therapist has met the minimal qualifications of training & experience required by law; 2) to examine public records maintained by the Board(s) which contain the credentials of a therapist; 3) to obtain a copy of the Code of Ethics/Rules of Conduct from the Board(s); 4) to report complaints to the Board(s); 5) to be informed of the cost of professional services before receiving the services; 6) to privacy as defined by rule & law; 7) to be free from being the subject of discrimination on the basis of race, religion, gender, or other unlawful category (I also include sexual/affective orientation) while receiving services; 8) to have access to their records as provided in Minnesota Statutes, section 144.335, subdivision 2; and 9) to be free from exploitation for the benefit or advantage of a therapist. The Boards of Marriage & Family Therapy and Psychology are located at 2829 University Ave. West, Mpls., MN 55414

Duty to Warn and Report

Although most written and verbal communications between a psychotherapist and client are confidential, meaning they cannot be given to others without your written permission, there are exceptions. 1) Minnesota law requires that if a treatment provider has reason to believe that within the last three years a child or vulnerable adult was neglected, or abused sexually or physically then a report must immediately be made to an appropriate welfare agency. 2) The law also requires treatment providers to make reasonable efforts to warn potential victims when a specific threat of violence against a clearly identifiable potential victim is made. 3) Therapists can be required to release records with a court order.

Qualifications

Clients have the right to know the qualification of service providers. I am licensed as a psychologist, and a marriage and family therapist, and certified as an alcohol and drug counselor. My educational background includes a Bachelor's degree in psychology from Macalester College, a master of arts degree in human development from St. Mary's University, a master of science degree in Education/Psychological Services from the University of Wisconsin, and doctoral degree in clinical psychology from the Minnesota School of Professional Psychology. I have completed both the Chemical Dependency and Family Intimacy Training Program, and the Alcohol and Drug Counselor Education Program at the University of Minnesota, and the Two-year Post-graduate Program at the Gestalt Institute of the Twin Cities.

Office Hours

I am usually in my office from 9:30 to 6:00 Monday through Friday. In the event of weather that is so extreme I am unable to get to my office I will leave a message on my voice mail.

In the event of a crisis you can call and leave a message on my voice mail. However, if it is on a weekend, when I am out of town, or in the evening I will not get the message immediately. Therefore, I suggest that if a life-threatening situation exists you contact The Crisis Intervention Center at 347-3161 or dial 911.

I have read, and understand, my legal rights as a consumer of psychotherapy, and understand their limitations.

Financial Agreement

Individual, couple, and family sessions are billed at the rate of one hundred fifteen dollars (\$115) per hour (not per person). There is no charge for individual, couple, and family sessions canceled with twenty-four hour notice. Payment is expected on the day of the session unless other arrangements have been made.

If you will be filing a claim with your insurance company to reimburse you for the cost of therapy you ought to know that many, if not most, insurance companies will NOT pay for couple or family therapy, or missed appointments.

A twenty (\$20) fee will be added in the case of a check that is refused by the bank. If payment is not made a collection agency will be utilized.

By signing this agreement you are agreeing to be responsible for these charges.

I have read, understand, and agree to the above conditions.

Signature _____ Date __ / __ / __

