

WINDOWS OF OPPORTUNITY COUNSELING CLIENT INFORMATION FORM

CLIENT INFORMATION

Name: _____
Address: _____

City, State, Zip: _____

Date of Birth: _____

Primary Care Physician: _____
Phone: _____
Address: _____

Marital Status: **(please circle)**
Single Married Divorced Widowed Partnered
Parent/guardian's name and
a _____

Phone: _____

Phone Numbers

Home: _____

Work: _____

Cell: _____

Best way to contact: (circle)

Home Work Cell Email

E-mail address: _____

Referral source: _____

Initial to give permission to contact referral
source: _____

Names and Ages of Children: _____

EMERGENCY CONTACT NAME & PHONE:

Please make payment to **Windows of Opportunity Counseling Services.**

PAYMENT AGREEMENT

I understand that I am responsible for paying all charges in full at the time of services. **Payment is due at the beginning of your session.** (See therapist contract for rates.)

We do not deal with, call or return calls, directly bill, accept assignment or payment from insurances, use HICFA forms, or verify coverage at all.

Signed: _____

Dated: _____

Upon request, we can provide a receipt or statement so that you can obtain reimbursement from your insurance or flex spending account if you believe have coverage. It is your responsibility to verify this.

CANCELLATION POLICY

We have a 48-hour cancellation policy for non-emergency cancellations. Full fee is charged for late cancellations or no-shows. Thank you for your consideration. Monday appointments must be cancelled by Thursday @ 5pm.

Initial: _____

WINDOWS of OPPORTUNITY COUNSELING SERVICES
(Owned by E. Schmechtig-Cochran, LMFT)
Psychotherapy Contract for Ed Buchanan, LMFT

OUTPATIENT SERVICES

This document contains important information about professional services and business policies. Please read it carefully and jot down any questions that you may have so that you can discuss them at the next meeting. Once you sign this, it will constitute a binding agreement between you and your therapist,

MARRIAGE, FAMILY, AND INDIVIDUAL COUNSELING AND PSYCHOTHERAPY

Psychotherapy is not easily described in general statements. It varies depending on the personality of both the therapist and the client and the particular problems that the client brings. There are a number of different approaches that can be utilized to address the problems you hope to address. We use general systems theory and attachment based interventions as well as cognitive, behavioral, and supportive techniques. Please remember, psychotherapy is not like visiting a medical doctor in that it requires a very active effort on your part. In order to be most successful, you will have to work both during your sessions and at home. With couples or family therapy, the unit of treatment is the couple or the family and not the individual. Because of this, we maintain a “**no secrets policy.**”

MEETINGS/ TERMINATION

It is normal practice to conduct an evaluation, which will last from 1 to 3 sessions. After that, one session per week at a mutually agreed time. IF YOU ARE LATE FOR A SESSION, YOU DO NOT GET ANY MAKE UP TIME; AND, ONCE THIS APPOINTMENT HOUR IS SCHEDULED, YOU WILL BE EXPECTED TO PAY FOR IT UNLESS YOU PROVIDE 48 HOURS ADVANCE NOTICE OF YOUR CANCELLATION OR UNLESS YOU AND ED AGREE THAT YOU WERE UNABLE TO ATTEND DUE TO CIRCUMSTANCES WHICH WERE BEYOND YOUR CONTROL. Treatment is terminated when you and Ed agree that your presenting problem and any related issues have been resolved. However, if it is determined, that treatment is ineffective; Ed may elect to terminate therapy prematurely. Naturally, if this happens you will be given several referrals to competent therapists so that you may continue your treatment. Also, remember that at any time during your therapy, you have the right and may elect to discontinue. If you terminate prematurely and against medical advice, it is policy to contact you by either letter or telephone and advise you to continue. Referrals may also be given

PROFESSIONAL FEES/ BILLING AND PAYMENTS/ WE ACCEPT CASH OR CHECK/FLEXCARD

Initial session: \$195.00 for individual \$229.00 for couple/family
Individual (53 mins.): \$167.00 Couple/Family (60 mins.): \$200.00

THE FEE FOR A NON-EMERGENCY LATE CANCELLATION OR A NO SHOW TO AN APPOINTMENT IS THE NORMAL COST OF YOUR SESSION. 48 HOURS NOTICE OF CANCELLATION IS REQUIRED TO AVOID FEE.

WE DO NOT BILL INSURANCE OR COMMUNICATE WITH THEM IN ANYWAY. WE CAN PROVIDE A RECEIPT UPON REQUEST AND AFTER PAYMENT HAS BEEN MADE.

CONTACTING YOUR THERAPIST

Ed is not often immediately available by telephone. Our telephone is answered by an automatic answering machine, which is monitored frequently. Every effort to return your phone call within 24 hours with the exception of weekends and holidays will be made. If you email Ed, he will return your email within 24 hours. If you are difficult to reach, please leave some times when you will be available. **If you cannot reach Ed and you feel that you cannot wait for your call to be returned, you should call your family physician, the emergency room at the nearest hospital and ask for the mental health professional on call, or Alameda hotline@ 800-309-2131.** If Ed is unavailable for an extended time, you will be provided with the name of a trusted colleague to contact if needed.

Initial and Date: _____.

EMAIL, TEXTING POLICY SOCIAL MEDIA

These methods should not be used for emergency contact or urgent messages. Our email is on a secure server. However, yours may not be. It is office policy to request that you use these methods only for scheduling and cancellations. If you choose to communicate confidential clinical information using these methods, an informed decision will be assumed, and viewed as your agreement to take the risk that content maybe intercepted. It is policy to respond to clinical matter during scheduled sessions or returned phone calls. We have a secure portal for clinical matters, please ask for this if needed. To maintain your confidentiality, we do not friend our clients on any social media. Windows of Opportunity Counseling Services has public sites. You are not obligated to join them. If you do, we ask that you not comment to protect your privacy.

Initial and Date: _____.

Confidentiality

In general, law protects the confidentiality of all communications between a client and psychotherapist, and we can only release information about our work to others with your written permission. However, **there are a number of exceptions.** In most judicial proceedings, you have the right to prevent your therapist from providing any information about your treatment. However, in some circumstances such as child custody proceedings

and proceedings in which your emotional condition is an important element, a judge may require testimony if he/she determines that resolution of the issues before him/her demands it. There are some situations in which counselors are legally required to take action to protect others from harm even though that requires revealing some information about a client's treatment. **If it is believed that a child, an elderly person, or a disabled person is being abused, a report must be filed with the appropriate state agency. If it is believed that a client is threatening serious bodily harm to another, protective actions must be taken which may include notifying the potential victim, notifying the police or seeking appropriate hospitalization. If a client threatens to harm himself/herself, hospitalization for the client or contact of family members may be necessary. If a client reports that he or she is viewing child pornography, this must be reported to the police.**

A therapist is also allowed to use or disclose your personal mental health information without authorization from you for the purposes of diagnosis, treatment and treatment planning, payment, coordination of care and healthcare operations such as billing and HMO, Board of Behavioral Sciences and U.S. Department of Human Services auditing procedures. For example, a therapist may need to consult with your PCP, psychiatrist, or another licensed professional to discern our diagnosis. Also, at times, insurance plans require copies of records to determine whether or not payment is warranted under your particular policy or plan. Occasionally, health plans such as HMOs audit practices to review performance and make sure its practitioners are meeting the legal standard of care. If national security requires, a clinician maybe required to disclose clients protected health information. Minors, please be aware that in California your parents may have the right to examine your records. However, it is policy to request an agreement from your parents that they consent to give up this access. If they agree, they will be provided only with general information on how your treatment is proceeding unless there is a high risk that you will seriously harm yourself or another, in which case they will be notified of the concern. In this office, because we respect and value your privacy and even if it is not required by law, authorization or consent will almost always be sought out first before releasing any information about you to another. Naturally, emergencies are an exception to this courtesy. In general, consultation regarding cases is a regular part of this practice; and the consultant is, under California law, also legally bound to keep the information confidential. For your protection, when consultation does take place, no identifiable data will be disclosed. Finally, please note: No authorization is needed for a therapist to contact you regarding appointments, treatment alternatives or other health related services that may be of interest to you. This may include voice mail, letters, or e-mail. **However, we ask you to give us permission to contact you using the phone numbers and e-addresses given for these and schedule matters.** Receipts containing PHI will be sent through encrypted email.

Client or Representative's Sign and Date below to acknowledging understanding and agreement.

1 _____ Date: _____

2. _____ Date: _____