

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 address:

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:

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

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. **Please makes check to: Evelyn Schmechtig-Cochran or to Windows of Opportunity Counseling Services. DUE BEFORE SESSION STARTS.**
CANCELLATION POLICY

We have a 48-hour cancellation policy for non-emergency cancellations. We charge full fee 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
Psychotherapy Contract for Evelyn Schmechtig-Cochran, MFT

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. Evelyn is trained in NLP, EMDR, Life Span Integration, and Emotionally Focused Therapy as well. All specialized techniques are fully explained and introduced before commencement. 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 will be scheduled. If you are late for a session, you do not get any make up time. Treatment is terminated when you and Evelyn agree that your presenting problem and any related issues have been resolved. However, if it is determined, that treatment is ineffective or beyond Evelyn’s scope, she may elect to terminate therapy. 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 advice, it is policy to contact you by either letter or telephone and advise you to continue or give referrals.

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

Initial session: \$200.00 (about 65 Minutes) for individual, \$280.00 (about 80 minutes) for couple or family

**Individual (53 mins.): \$175.00.
Individual (75 mins): \$229.00**

**Couple/Family (60 minutes): \$200.00
Couple/Family (75): \$249.00
Couple/Family (90 mins.): \$298.00**

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.

INITIAL AND DATE: _____.

Psychotherapy Contract for Evelyn Schmechtig-Cochran, MFT

CONTACTING YOUR THERAPIST

Evelyn 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 are difficult to reach, please leave some times when you will be available. If you cannot reach Evelyn 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 the Alameda County Hotline @ 800-309-2131. If Evelyn 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, and Texting Social Media Policy

These methods should not be used for emergency contact or urgent messages. Our email is on a secure server, however, ours probably is not. 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 general 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 matters during scheduled sessions or returned phone calls or through our encrypted password protected portal. We have an encrypted portal used to send confidential information such as receipts. We do not friend clients on personal social media however, the business social media sites are open to the public. **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 porn, 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 client 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 heath 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. Initial and Date:**

_____.

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

1) _____

2) _____

1. _____ Date: _____

2. _____ Date: _____

PERMISSION TO VIDEO TAPE EMOTIONALLY FOCUSED COUNSELING SESSIONS

In order to improve my EFT counseling skills I often record my sessions. If you are comfortable with this I need your written permission. Our work in counseling with not be affected by the recording and you are free to say no. If at anytime you change your mind we can stop the recording. If a supervisor, supervisee, or researcher knows you in any way they will not review the recording and will keep confidentiality per professional guidelines.

I give Evelyn Schmechtig-Cochran, LMFT permission to record our sessions. I understand that confidentiality will be protected at all times.

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|---|-------|-------|
| 1. Only for review outside of session by ESC. | _____ | _____ |
| 2. For use in peer supervision. | _____ | _____ |
| 3. For use with meeting with a supervisor. | _____ | _____ |
| 4. For use of supervision in a group with other therapists. | _____ | _____ |
| 5. For training of other therapists. | _____ | _____ |
| 6. All of the above. | _____ | _____ |

Client name:

Signature: _____

Client name:

Signature: _____

Therapist: Evelyn Schmechtig-Cochran, M.A., LMFT

Signature : _____