



LIN HALEY

LMFT #92501

Counseling Services Information Informed Consent

Date: _____

Client name: _____

Client phone: _____

Client email address: _____

Client address: _____

Parent or guardian name if client is minor _____

How were you referred to me?

Welcome

Welcome, it takes courage to reach out for support and I look forward to supporting your healing journey. These forms contain information about my professional counseling services and business policies. There are also several questions included that will help better identify what challenges you are currently facing so that I can best assist you. It is important that you review the following information before beginning your first session. Please feel free to ask any questions you may have about these policies; I will be happy to discuss them with you. There are various places where your signature is required on the following forms; please bring these **completed** forms with you to your first session.

Therapy Services – Risks and Benefits

The role of a Marriage and Family Therapist is to assist clients with issues regarding relationships, and issues such as depression, anxiety, grief, and other challenges that impact you emotionally. Counseling often involves discussing difficult aspects of your

life. During our work together you may experience uncomfortable feelings such as sadness, guilt, shame, anger, or frustration. As a result of what comes out of your therapeutic work and the decisions you make, important relationships may be impacted or may end. Your journey in therapy may also lead to healthier relationships. Counseling support often helps an individual find solutions to problems with family and friends, life challenges, as well as a reduction in feelings of distress, anxiety and depression. If you ever have any concerns about your therapy process, I encourage you to discuss this during your sessions so that we can collaborate together as you move forward.

Termination of Therapy

You may terminate therapy at any point. When our work comes to a close, I ask that you schedule at least one final session in order to review the work you have done, if possible. Occasionally clients return to therapy to process new challenges. If you decide to return in the future, please know that I have an open door policy and welcome the possibility of working together again. However, it will be at my clinical discretion and also dependent upon my availability.

Length of Therapy

Therapy is a process that is unique to each client and the challenges they are presenting with. Some presenting issues can be worked on very effectively in a fairly short period of time (10-20 sessions). Other challenges may take much longer. It can be difficult to predict exactly how long therapy will last and this is best discussed in your first session. Together we will put together a treatment plan and goals that you will be working toward. A guideline to remember is if you attend forty 50 minute therapy sessions that is less than an average work week. If you have questions regarding the length of treatment, please feel free to discuss this with me at the start and/or at any point during therapy.

Dual Therapy

It is unethical for two different therapists to provide counseling for the same client at the same time. Unless there is a compelling clinical reason, a crisis, or a specialized therapy treatment plan that we will be working on, I do not work with clients who are under the care of another therapist. If you are working with another therapist, please disclose this so that we can discuss next steps. If your therapist has referred you to me for specialized treatment I will need to have a release on file from you in order to coordinate care with your primary therapist and collaborate on a clinical plan that best supports your process. You can find this form on my website under the 'Client Forms' section.

Confidentiality

Therapy is best experienced in an atmosphere of trust. Thus, all therapy services are strictly confidential and may not be revealed to anyone without your written permission. **There are exceptions to confidentiality where disclosure is required by law (see below).** There may be occasions where I may consult with adjunct therapists in order to discuss aspects of your sessions to best support your process. When doing so, please

understand that your name will not be used and I will change significant identifying details in order to protect your confidentiality. Your confidentiality is very important to us. Should you request that I speak with another professional or person (i.e. doctors, former therapists, teachers, family, friends or anyone else outside the therapy room), you must first provide your signed written consent in order to do so and only after I determine if this is in the best interest of supporting your therapeutic process and progress.

Confidential Electronic Data Storage and Email Transmission

Your confidentiality as a client is of utmost importance. To support and secure your clinical information, I use a secured encrypted email service and all client protected health information is covered under the Health Insurance and Portability Act of 1996 and in particular 45 C.F.R, Part 164, Subpart C under HIPPA. You are welcome to text me regarding appointment scheduling, canceling or confirmation, but please do not include any details regarding your private health information, as text is not a guaranteed secure medium.

Legal Exceptions to Confidentiality

I take confidentiality very seriously. Your information is confidential, with the exception of information relating to child abuse, or suspected child abuse, child pornography, elder abuse, dependent adult abuse, or intent to harm self or others, or **unless mandated by a court of law**. Legally, therapists are mandated reporters of abuse or intent to harm another. If you are suicidal or homicidal, I will take all reasonable steps to prevent harm to you or another.

Legal exceptions to confidentiality are in place to protect your safety and the safety of others. This includes: when there is a reasonable **suspicion** of child abuse (physical, sexual, emotional, neglect), or adult dependent care abuse, elder abuse/neglect; and where a client threatens to harm or kill other(s) (homicide).

If you are homicidal and make a serious threat to hurt another person(s), I will contact 911 and make every attempt to warn the intended victim or victims. Additionally, if a court issues an order to release records (for example a divorce hearing or custody hearing), I must abide by the court order and may be compelled by court order to testify under oath and thus must answer all questions honestly.

Mandated Reporting of Incidents Involving Minors

A minor is defined as any person who is legally under the age of 18.

As a licensed therapist I am obliged under California law to report to the appropriate authorities any instance where a client discloses that they have accessed, streamed, or downloaded material through any electronic or digital media depictions where a child is engaged in an obscene sexual act.

If you are a parent and discuss with your therapist your concern over your minor teenager “sexting” OR exchanging nude or sexual pictures of herself/himself to her teenaged minor boyfriend/girlfriend, I am mandated by law to report both minors to

authorities under AB1775 for “knowingly accessing, streaming, or downloading material where a child is engaged in an obscene sexual act.”

Additionally, if you share with your me that your adult child or any identifiable adult (18 years or older) that you are in relationship with is sexting or texting sexual or nude images to a minor (for example an 18 year old son texting sexual images to his 16 year old girlfriend), or is downloading or accessing child pornography, I am mandated by law to report this to the authorities.

Please sign and date here if you understand the above stated limits of confidentiality and my mandated reporting responsibilities as your therapist.

Client’s signature: _____ **Date:** _____

Suicide Policy

If you are suicidal, as your therapist I will take all reasonable steps to prevent harm to yourself. This may include breaking confidentiality if you pose a serious risk of self-harm to yourself. Your signature indicates that you have read and understand confidentiality and limits to confidentiality:

Client’s signature: _____ **Date:** _____

Emergency Contact Information

In the event of an emergency, please provide a contact person:

Name _____

Relationship _____ **Phone** _____

No Secrets Policy

Please note that with couples and family therapy **the couple and/or the family** is the client (e.g. the treatment unit), **not the individuals**. As such I practice a **no-secrets policy** when conducting marital/couples/family therapy. This means that confidentiality does not apply between the couple or among family members when one member of the treatment unit requests an individual session or contacts me outside of the therapy session to share a secret. On occasion an individual session may be scheduled to assist in the overall therapy process to the treatment unit (e.g. the couple) and will be scheduled only when mutually agreed upon. Please understand that any information given in the individual sessions **will not** be held in confidence or secret in couples and/or family sessions.

I will encourage the person holding the secret to share the secret in the following session and will support the client in doing so. I also reserve the right to share or

disclose information revealed by one partner or family member in an individual session to the other partner or family members as deemed appropriate or necessary to support the treatment units overall treatment progress and goals. If you are seeking couples therapy, or family therapy, please have each member of the treatment unit fill out and sign an intake form.

Conjoint Sessions

On occasion, and only if it benefits the client's therapy goals, I may ask that a family member or significant other join you for a therapy session. It is important to note that this is done only on occasion and at the therapist's discretion when it best serves the client.

If a family member or significant other agrees to meet for a session, it will be for the client's benefit. If the person joining the session is your significant other, this does not constitute as couples therapy, rather it is as a support to your work, and/or a check-in session.

Additionally, the third party (friend or significant other) is not joining the session for his or her own therapy, nor will I work with them as a therapist. If we decide that this would be beneficial, you will need to sign a written release of information for this type of conjoint session. This form can be found on my website under the "Client Forms" section.

Sobriety Policy

I ask that all clients, couples, families, and group members arrive to therapy sober and not under the influence of drugs and/or alcohol. If I notice that you are intoxicated (such as slurred speech, rapid speech, smelling of alcohol, behavior that indicates intoxication with cocaine, prescription drug abuse, marijuana, or other substances) the therapy session will be immediately terminated. I will also assist you in finding a safe ride home (via friend, family member or taxi) as driving while under the influence constitutes a risk to others and is a reportable offense. Once you are safely home, I will reschedule the therapy session where this occurrence will be processed. **You will be charged your full fee for the session if you arrive intoxicated.**

Therapy Sessions

Therapy sessions are scheduled in advance. Standard sessions are **50-minutes** in length, unless otherwise arranged, and begin and end on time. Therapy can be conducted in office or if necessary via teletherapy (phone) if you are away on business or ill. The fee is the same for in-office or teletherapy as the same amount of time must be blocked out for teletherapy sessions. It is understandable that occasionally you may be late. If you are late to your session, please understand that the session will not extend past your 50-minutes, nor will the time be made up at future sessions, as this will impact other clients. If you are running late, please call or text me. If you more than 15 minutes late without contacting me this will be considered a no-show.

Longer sessions are available by request and upon availability of my schedule at a

prorated fee. Unless I choose to extend this time, I ask that you please respect your 50-minute session time.

Therapeutic Approach & Style

My goal as a therapist is to help people navigate through difficulties in their life and relationships while providing a safe place to heal, explore, develop insight, practice healthy coping tools, and integrate and take responsibility for their changes. I facilitate a process where the client is able to move toward healing, self-acceptance, and to ultimately grow and thrive in a supportive environment. While I will meet you each step of the way in your therapy process with accountability, compassion and empathy, a therapist is not a cure all, a parent, a friend, or a miracle worker.

My style of therapy is collaborative, honest, and direct, with solid boundaries and empathy. I reflect, assist, encourage, and point out incongruent patterns around actions and words. I will not work harder than my clients or accept responsibility for your choices or consequences. I respect my client's decisions, and do not advise or direct my clients, as I believe that you are the expert in your own life and are fully capable of creating the life that you want with support and tools.

I formulate the therapeutic plan collaboratively with my clients based on each client's needs, their presenting problems, and the goals they wish to achieve. I believe that each client has the potential for healing and change and is responsible for their choices and changes, and for meeting their therapy goals – I do not make guarantees for healing. I use an eclectic approach, including but not limited to, a combination of solution-focused, cognitive behavioral, existential, and client centered therapy with most adult clients, and art and play therapy combined with conversation for children.

Cognitive Behavioral (CBT) Therapy stresses the role of thinking patterns in how we feel and what we do. It is based on the belief that our thoughts, rather than people or outside events, cause our negative feelings. The therapist assists the client in identifying, testing the reality of, and correcting dysfunctional beliefs underlying his or her thinking – uncovering the 'root to the fruit' so to speak. The therapist then helps the client modify those thoughts and the behaviors that flow from them. CBT is a structured collaboration between therapist and client and often calls for homework assignments.

Solution-Focused Therapy is future-focused, goal-directed, and focuses on solutions, rather than on the problems that brought clients to seek therapy. A practical, goal-driven model, a hallmark of SFT is its emphasis on clear, concise, realistic goal negotiations. The SFT approach assumes that all clients have some knowledge of what would make their life better, even though they may need some help describing the details of their better life, and that everyone who seeks help already possesses at least the minimal skills necessary to create solutions. All therapy is a form of specialized conversations. With SFT, the conversation is directed toward developing and achieving the client's vision of solutions. The questions asked by SF therapists are usually focused on the present or on the future. This reflects the basic belief that problems are best solved by

focusing on what is already working, and how a client would like their life to be, rather than focusing on the past and the origin of problems.

Existential psychotherapy is based on the philosophical belief that human beings are fully equipped to create one's own meaning, and exercise one's freedom to choose. The existential therapist encourages clients to face life's anxieties and to start making his or her own decisions while reflecting on consequences and moving away from fear based thinking. The therapist will emphasize that along with having the freedom to carve out meaning comes the need to take full responsibility for the consequences of one's decisions.

Non-Discrimination Policy

I respect each person's right to choose his or her own belief system. I work well with clients from many religions and spiritual beliefs, as well as the agnostic or atheist client. If a client would like to work from a faith-based approach, I will be happy to discuss this with you and support your process. Additionally, I respect each person's right to their choices in terms of sexual orientation, and provide a safe place for straight, gay and transgender clients.

I believe in supporting people of all ethnicities, cultures and physical challenges. While our gender, ethnicity, orientation or spirituality may be different, we are open to discussing any concerns or questions you may have in working with a therapist who is either a different race, religion, orientation or gender than you. Having an open discussion on any of these topics can lead to a greater level of trust and rapport. If you have any questions regarding my therapeutic approach and style, or my non-discrimination policies, please feel free to discuss this with me now and/or in the future.

Court Reports or Letters

I do not write legal letters or court reports on behalf of clients involving divorce, custody or other legal matters or lawsuits. I do not write letters pertaining to legal matters to any outside person (i.e. doctor, school, attorney, etc.) or agency regarding your treatment. If a special circumstance arrives where a letter is **required by court order**, it will require your written consent and will be billed to you at \$25.00 per page and **in addition to our hourly fee**. I reserve the right to refuse to write letters on your behalf (unless court mandated) if I do not feel this would be in your best interest, if it places us in a dual relationship, or will compromise our therapeutic relationship. I will not write letters on your behalf if you are involved in a lawsuit for any aspect of your personal or professional life, as this places us in a dual relationship as both your therapist and court advocate, thus crossing therapeutic boundaries. **If you are involved in a lawsuit, please understand that entering your mental health into a court hearing may not always be in your best interest as it may compromise your confidentiality and your clinical files may be requested and your therapist must speak honestly if under oath.** I will not be your advocate in a court hearing or speak on your behalf as that is not the nature of the therapist/client relationship.

Court Fees

If you become involved in legal proceedings that require your therapist's mandated participation, you will be expected to pay for all of your therapist's professional time, including preparation and transportation time and costs, even if called to testify by another party. Because of the time involved and the interruption to my clinical work, you will be charged \$250 per hour for time out of practice, time for preparation, travel time, and attendance at any legal proceeding on your behalf that you will be responsible for. Additionally, if other client sessions must be cancelled, these must be covered at the rate of those sessions and will be billed to you. Court fees can be very expensive so please sign and date below to indicate that you understand your financial responsibility in covering these expenses should your therapist be mandated to go to court for a legal issue you are involved in. A therapist is not a court advocate or friend. A therapist must legally speak truthfully under oath.

Client's signature: _____ **Date:** _____

Health Care/Managed Care Insurance Policy

In order for the therapist to be reimbursed by an insurance company, a diagnosis of the client must be made and submitted to the insurance carrier before the therapist is paid. Sometimes information on the presenting problem and symptoms the client is experiencing from the client's private therapy records are also required by the insurance company. This information once released becomes part of the client's medical records and may impact confidentiality.

If I do not take your insurance, I am happy to provide a "superbill" receipt that you may submit to your insurance company if you wish for a **possible** out of network reimbursement. However, if I provide you with a superbill receipt, I will not fill out forms or work directly with or on your behalf with your health care insurance company.

Additionally, it is important that you also understand that there is **no guarantee** that your insurance carrier will cover your therapy sessions. I ask that clients carefully consider this before we begin our work together, and consult with your insurance provider. If you choose to work with me, my policy is a fee-for-service policy as described in the following section. Your signature indicates that you understand and agree to respect this policy regarding managed care health insurance, and will honor this agreement now and in the future.

Client's signature: _____ **Date:** _____

Fees

My fee for therapy is \$130 per individual 50-minute session. This fee is the same for in office or teletherapy (phone sessions). On occasion clients will ask for an extended session for 90 minutes. The fee is doubled for a 90 min session. Therapy is an investment in self-care and is a process that takes time.

PLEASE NOTE: Fees are agreed upon prior to your first session.

Session Payments

Therapy sessions are payable via cash, Venmo, or check. Please pay before the beginning of your session.

Some clients prefer to pay by cash. Please bring the exact cash amount for your session fee. Charges for unpaid services may be turned over to a collection agency which compromises confidentiality. I do not “carry over” session payments from week to week, or extend credit as this could constitute as an unethical “debtor/creditor” dual relationship and ultimately impact the therapeutic relationship.

Fee Increases

Fees are reviewed each year and may increase periodically. Every consideration to a client’s current finances will be made. The increase will be discussed with the client, and a 30-day notice will be given prior to the increase. I will be happy to answer any questions you may have about this fee agreement. Please understand that you have the right to terminate therapy at any point. If you have any questions regarding the fee policy, please do not sign until discussing with your therapist. Your signature indicates that you understand and agree to these conditions:

Client’s signature: _____ **Date:** _____

Appointments/Cancellations

If you are trying to reach me on the same day of your session, please call or text me at 707-318-0566. Please note that cell phones cannot be guaranteed as confidential. I make every effort to return calls and emails within 24 hours. I understand that occasionally circumstances beyond your control may arise which would prevent you from keeping your appointment. If I am unable to attend your therapy session (outside of scheduled vacations) due to an unexpected emergency or illness, every attempt will be made to contact you 24 hours in advance on the phone numbers and/or email you have provided. **If you are sick or experiencing any symptoms of illness, I ask that you reschedule or conduct your session via the phone. If I am ill, I will extend the same consideration.**

Client Cancellation Procedures and Fees

Short-Notice Cancellation: Appointment cancellations made less than **24 hours** before the scheduled appointment will be charged the full fee for the session, except in the case of illness or emergency. If you are using your insurance to pay for therapy, you will be personally responsible for the contracted rate that insurance is paying me (not just the co-pay), as I cannot bill insurance for late cancellations.

No-Show: If you do not show up for a scheduled appointment (that you have not called

to cancel) you will be charged the full fee for the session. If you are using your insurance to pay for therapy, you will be personally responsible for the contracted rate that insurance is paying me (not just the co-pay), as I cannot bill insurance for no shows.

Ongoing Cancellations or Multiple No-Shows: It is understandable that occasionally an appointment will be cancelled or missed due to illness or emergency. However, please note that should ongoing cancellations, frequent reschedules (even those within the same week), missed appointments, late payments/nonpayment become an issue, I will discuss this with you. If after discussing other schedule options with you your attendance has not changed, I will provide you with three therapy referrals and/or terminate with you.

Client's signature: _____ **Date:** _____

Therapist Availability between Sessions

I am available to take a brief 5-minute phone call on week days without the client incurring a fee. We will not process therapy issues via text or email. If the client feels that more contact is needed between sessions due to crisis, I am willing to discuss the possibility of increasing the weekly sessions or scheduling a phone appointment temporarily if I feel that it supports the client's therapy. If frequent non-crisis contact continues between sessions, it will be important to talk about charging for that support time, and/or referring out for a higher level of care than a once a week therapy session can offer.

Client's signature: _____ **Date:** _____

Therapist Time off Policy

Lin Haley LMFT Schedule Policy

I occasionally take time off during the summer and or during the holiday seasons. Barring an emergency, I will give you at least one week's notice before my time away. ***If you require a higher level of care at this time, please take this into consideration.***

During my out of office time, I will not be available for individual session, family or couple's therapy, via email, text or phone unless it is a serious crisis, or life threatening emergency where there is imminent danger to self or others. If you are a threat to yourself or another when I am away, please call 911 immediately. On occasion I may provide the phone number and contact information of a therapist colleague who may fill in during my time away for emergency situations. I ask that clients respect my time away and unless there is a critical emergency, they wait until the next session to discuss.

For **emergency** situations, I will respond to the client within 24 hours of receipt of the

email, call or text. For **non-emergency** clients, I will respond the first business day upon returning back to my office. Please respect this boundary regarding emailing, texting and calling during my time away.

Your signature indicates your agreement to Lin's boundaries around client contact during Lin's time away:

Client's signature: _____ **Date:** _____

Holiday, Weekend and Evening Contact

I will make every effort to return a call, email or text message of a **non-emergency** client message within 24 hours during a scheduled work week. If this call, text or email arrives during a holiday, weekend or evening, I will return **the non-emergency** client contact during the first working day following the holiday, weekend or evening. For **emergency only** clients (*emergency constitutes imminent danger to self or others*) I will make every effort to return the call, text or email within 24 hours and ask that if the client is facing a life threatening emergency that they call **911 immediately**. There will be a regular session fee or partial session fee for emergency phone calls and sessions that are in excess of 5 minutes, or more than 1 time per month.

Explanation of Dual Relationships

While a therapeutic relationship can feel psychologically close, it is one that is professional in nature with important boundaries. It is unethical for a therapist to invite you into a business venture, ask you for personal favors, start a social relationship with you, etc. These examples are called, "dual relationships" and can negatively impact clinical boundaries. Although our sessions may be intimate psychologically, it is important to acknowledge that we have a strictly professional relationship. On the rare occasion that I see you outside of the office (when we may accidentally run into each other in public) I will be highly discreet and will maintain your confidentiality. It is your choice whether to acknowledge the encounter and greet me. If you do not choose to acknowledge the encounter, I will respect this and will follow your lead.

Policy Regarding Internet, Professional, and/or Social Networking Sites

On the topic of Social Media and Internet Sites, my primary concern is your privacy. I will not follow you on social media sites. Casual viewing of clients' online content outside of the therapy session can create confusion in regard to whether it is being done as a part of your treatment. In addition, viewing your online activities without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with me, please bring them into your sessions where we can view and explore them together, during the therapy.

Please do not message me on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure and messages may not be read in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with me publicly online if we have an already established client/therapist relationship. Engaging this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. If you need to contact me between sessions, please do so directly via text or email. See the email section below for more information regarding email interactions. If you choose to contact me via text regarding scheduling please remember that this is not a guaranteed securely private mode of communication and keep your message as simple as possible.

Email Policy

I prefer using text and email only to arrange or modify appointments. **Please do not email content related to your therapy sessions, letters to read, blogs, videos, as email is not completely secure or confidential.** If you choose to communicate by email, be aware that all emails are retained in the logs of your and my Internet service providers.

While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of Internet service providers. You should also know that any emails received from you and any responses that sent to you may become a part of your legal and medical record.

“Friending”

It is my policy to not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). Adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet to discuss further.

Thank you for taking the time to review my Social Media Policy. If you have questions or concerns about any of these policies and procedures or regarding our potential interactions on the Internet, do bring them my attention so that we can discuss them.

Your initials indicate that you understand and agree to these boundaries regarding Lin Haley LMFT’s social media and online policy: _____ (Initial here)

Physical Contact

Sexual contact is never acceptable in the therapeutic relationship. Romantic or sexual talk, flirting, or sexual innuendos and sexual jokes are also unacceptable in the therapeutic relationship. If you should express a sexual comment or joke while in session directed to your therapist, we will explore this comment professionally and in a non-shaming way within a therapeutic non-sexual relationship.

Hugging is an expression of affection, a greeting or a goodbye within many cultures. However, in some cases hugging can be misconstrued as sexual, and can be triggering for some clients, or may interfere with the therapeutic relationship. Occasionally a client may spontaneously hug his or her therapist while they exit the office, may ask for a hug after a particularly difficult or emotional session, or may feel quite comfortable with a hug at the end of sessions or when ending therapy. Some clients are huggers, some are not, and so it is important for your therapist to understand your stance and to maintain appropriate professional boundaries.

If your therapist believes after discussing the request that a non-sexual brief hug is appropriate and supports your therapy, hugs will be allowed on occasion. Please understand, if your therapist chooses not to hug you, it is not an expression of judgment, dislike or dismissal, rather it would be denied in the best interest of your clinical care based on a therapeutic decision.

Illness Policy

When a private practice therapist is consistently exposed to cold and flu viruses in the office and becomes ill as a result, the office closes down, sessions are cancelled, and everyone suffers. In order to maintain good health and create a safe and relatively germ free environment so that I can support all of my clients, I ask that clients who are experiencing any stage of illnesses to respect safety boundaries and to conduct their sessions via phone until they are recovered completely and are not experiencing any signs of illness, fever, rash or cough or contagious symptoms at any stage.

Stage of illness includes: starting to feel flu symptoms, suspect they may be coming down with the flu, dealing with a current cold, head cold, or flu or flu-like symptoms, or are at the end of a flu cycle, currently have the flu, a cough, a cold, pink eye, contagious rashes, scabies, lice, chicken pox (or a child with chicken pox), or any other potentially contagious illnesses no matter how mild. I will extend the same respect and consideration if I am ill.

Please review the following illness agreement and initial:

If I am ill with a head cold, flu, lice, virus, chicken pox, pink eye, scabies, or any other potentially contagious illness at any stage no matter how mild that would potentially expose my therapist or others in the therapy office, I agree to alert my therapist, and either reschedule my session by the **24-hour cancellation time period**, or agree to conduct my individual therapy session via phone if I am ill, feel as if I am becoming ill, or am at the end of a flu virus. _____ (Initial here)

I understand that my therapist may, on the rare occasion, ask that my session be conducted via phone if she is ill or recovering from a contagious flu virus.
_____ (Initial here)

I agree not to bring in sick family members or children to the office setting if they are

experiencing any stage of illness or flu. I understand I will be asked to leave the office if I choose to do this. _____ (Initial here)

I understand that if I choose to show up for my therapy session, couples session or group session at any stage of a contagious flu virus or other illness, my therapist will use discretion, will uphold safety boundaries, and will ask me to leave the office, conduct the session via phone from my car, or another area outside of the clinical office as not to expose himself/herself, colleagues, or other clients to my flu virus at any stage.
_____ (Initial here)

I understand that my fee will apply to all sessions that are not cancelled by 24 hours prior to my scheduled session. On the rare occasion that an emergency or grave illness occurs that does not allow me to give 24 hours notice, special consideration will be extended. Otherwise the session will be conducted via phone and the fee will stand
_____ (Initial here)

Referrals of Friends, Family, Co-workers

The greatest compliment a therapist can receive are referrals from current or former clients. There are times when clients wish to introduce their therapist so they can make a recommendation as a referral, which is ethical and acceptable. Please understand that your confidentiality is extremely important to me. If another client that I see referred you to me, or if you refer a friend, co-worker or family member to me, legally and ethically I am not able to acknowledge that other person's attendance to you if they should begin seeing me in therapy or if they are currently in therapy with me.

If you choose to share that I am also your therapist with the person who referred you or with someone you refer, that is a decision that you must make if you choose to reveal you are in therapy with me.

Please be assured that I will not acknowledge you as a client to anyone without your written consent, or unless mandated by a court of law. Occasionally we may discover through something you share in a session that I have seen/are seeing someone that you know in therapy. If this is the case, I must maintain that person's confidentiality as well, and will hold this information just as I would uphold your confidentiality.

On occasion a client may say, "My friend Jane/John Doe mentioned that she/he started seeing you and is enjoying the work you are doing with him/her." This is an example of our standard response which is stated in a kind tone: "I appreciate any referrals clients make, however, I cannot reveal who I see in therapy, and thus I cannot remark on who I see clinically at this time." Because this may sound rather formal and official to clients, and I will not acknowledge who is seen in therapy, including you, I thank my clients here on this page one time in advance for any referrals they may make:

Thank you for the referral; I am honored by your trust and confidence.

**(Please proceed to the next section and fill out the following information in full.
You may use this page to add additional information if needed.)**

CLIENT INFORMATION		
Full Name: Name that you like to be called (nickname):		Relationship Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> Sep <input type="checkbox"/> W
Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	California Driver's License Number: Car Model: License Plate #:
Occupation:		
Employer/Company Name: Work Address:		
Home Address w/zip code: Ok to mail to this address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email: Ok to email? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please note that email correspondence is not guaranteed to be confidential)	
Home Phone#:	Cell Phone#:	Work Phone#:
Ok to leave messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ok to leave messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ok to leave messages? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously attended therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No What kind of therapy? Inpatient /Outpatient/ Other: _____	If yes, what was the length of treatment, and when were the dates attended? Length: Date(s):	If yes, why did you stop attending therapy?

BIOPSYCHOSOCIAL HISTORY			
Symptoms and Behaviors (Please be as specific as possible to any 'yes' responses)			
Mania/manic symptoms	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High	
Depressed Mood	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High	
Appetite Disturbances	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High	
Sleep Disturbances	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High	
Change in Energy Level	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High	
Decreased Concentration	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High	
Worthless/Helpless Feelings	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High	
Anxiety Symptoms/ Panic Attacks	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High	
Bingeing/Purging	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High	

Feelings of Guilt	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
Obsessions/ Compulsions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", please describe:
Phobias	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", please describe:
Medical Conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", please describe:
Hyperactivity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", please describe:
Are you having suicidal thoughts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", do you have a plan about how you would commit suicide:
Do you have the means to carry out your plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", how would you do this?
Have you ever made a suicide attempt or been hospitalized for suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe: Date(s) of attempt(s):
Is there a history of suicide in your family of origin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", please list who and what year:
Have you had a previous diagnosis by a therapist or psychiatrist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please list the diagnosis's and the years:
Prescription Medications (please list all currently taking or have taken, the length of time and what they are prescribed for: pain, illness, depression, etc.)			
1. 2. 3. 4. List anything other medications or comments that your therapist should be aware of regarding your physical or mental health:			
Substance Use			
Are you currently using alcohol, nicotine or other prescription or non-prescription drugs? Please list how much and how often you drink and/or take prescription or non-prescription drugs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever felt you would like to cut down on your substance use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Have you ever been arrested for a DUI, or drug use? Or do you have a past that involves using drugs or alcohol. Please briefly describe circumstances below:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Family & Relationship History (Use reverse side of this page if you need additional space)

	Age	Name	Living With You (Y/N)	Deceased (Y/N)
Spouse/Partner	_____	_____	_____	_____
Parent	_____	_____	_____	_____
	Age	Name	Living With You (Y/N)	Deceased (Y/N)
Parent	_____	_____	_____	_____
Stepparent	_____	_____	_____	_____
Stepparent	_____	_____	_____	_____
Sibling	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Children/Step	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Are your parents divorced? Yes No Remarried? Yes No

Religion (if any) _____

Sexual orientation _____

Gender orientation _____ (female, male, transgender, transsexual)

Ethnic Group (select all that apply):
 American Indian Alaskan Native Caucasian Middle Eastern
 Asian Phillipino Native Hawaiian Pacific Islander Hispanic/Latino
 Black/African American Multi-Ethnic/Other _____

Family of Origin (Circle Your Answer)
 Have you experienced any abuse in your family or relationships?
 None Emotional Physical Sexual Uncertain

In general, how happy were you growing up?

None Somewhat Mostly Extremely

How much is your family of origin a source of support for you?

None Somewhat Very Extremely

How much conflict in values do you experience with your parents?

None Somewhat Substantial

Legal Issues

Have you personally experienced legal problems? No Yes (describe)

Are you currently involved in a lawsuit? If so please describe:

Briefly describe concerns in your life and/or in your relationships that would be relevant for your therapist to know. You may use the back of the form for more space if needed:

On a scale of one to ten, how motivated are you to resolve this issue? _____

Please list your therapy goals (list as many that apply & use the back if need be). We will discuss and refine these together in our first session, and continue to revisit and clarify during the course of therapy:

- 1.
- 2.
- 3.

Thank you for taking time to read and complete these questions. This information will be helpful in your therapy process. Your signature is required on the last page before we can begin our work together. Please discuss any questions you may have with your therapist prior to signing.

Client Signature Page for Informed Consent For Therapy Lin Haley LMFT#92501

- I have thoroughly read and fully understand the Informed Consent and the therapy policy pages of this document.
- I understand that I am financially responsible for charges and fees incurred. And I agree to honor the 24 hour cancellation policy.
- I understand limits of confidentiality and all mandated reporting by my therapist.
- I understand that any disclosures of sex with a minor (a person 21 or older with a person under the age of 16, or a person 14 or older with a person younger than 14), viewing underage pornography, or sexual behavior with minors is reportable under law by all licensed therapists.
- I agree to respect the boundaries of contact between sessions and understand email and text is not an appropriate form of processing what is best discussed in session.
- I understand that emailing, texting and cell phone are not guaranteed as confidential.
- I understand and agree to the illness policy and will conduct sessions via phone if I am ill and agree that if my therapist is ill, she/he will conduct via phone.
- I understand and agree to the social media boundaries and policy.
- I have answered all questions in full, truthfully and to the best of my knowledge.
- I have had all questions about this document answered and sign willingly.
- I authorize Lin Haley LMFT LPCC to provide psychotherapeutic treatment for me, the client, signing below:

Client's name (printed): _____

Client's signature: _____ Date: _____

Therapist's name (printed): _____ Lin Haley LMFT #92501 LPCC #7091

Therapist's signature: _____ Date: _____