Denise Roy, LMFT
DeniseRoy.com
408-248-6604, ext. 70

CLIENT AGREEMENT:

Welcome to the psychotherapy practice of **Denise Roy, Licensed Marriage & Family Therapist.** I have prepared this sheet to give you some information about my office policies. ** Please be aware that I am only doing telehealth sessions.**

Fees: My fee is $250 for a 50-minute session, and $375 for a 75-minute session. (For couples, I meet for the 75-minute timeframe.) Fees for longer or shorter sessions are pro-rated by prior mutual agreement. I increase my fees periodically and you will be apprised of such increases before the new fee takes effect.

Payment: All balances are due and payable in full at each session by credit card (VISA /MC). Please discuss, in advance, the need to make alternate arrangements for payment.

CANCELLATION & CHARGES FOR LATE OR BROKEN APPOINTMENTS: When you schedule an appointment, this time is reserved specifically for you. If you cancel or reschedule an appointment with less than 48 hours' notice, or if you miss an appointment without such notice, you will be obligated to pay the usual fee for the time that was reserved for you. You may cancel an appointment seven days a week, 24-hours a day, by calling (408) 248-6604, ext. 70. Please leave a clear message stating that you wish to cancel your appointment along with a phone number.

Insurance: At your request, I will mail you a monthly statement that you can use for insurance or tax purposes. You must negotiate with your insurance carrier.

Confidentiality: All consultations and records are confidential. No one will be advised of your participation in counseling unless you specifically request it in writing. The law provides certain exclusions for confidentiality, including:

- ***Child Abuse*:** When there is knowledge of or reasonably suspicion that a child has been the victim of abuse, neglect, mental suffering or a child's emotional well-being is endangered.
- ***Adult or Domestic Abuse:*** When there is knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult.
- ***Health Oversight:*** When the California Board of Psychology or the Board of Behavioral Science Examiners subpoenas information relevant to a complaint.
- ***Judicial or Administrative Proceeding:*** In court proceedings and when a request is received about the professional services that have been provided, health information may be disclosed with 1) written authorization or the authorization of the patient's attorney or personal representative; 2) a court order; or 3) a subpoena duces tecum (a subpoena to produce records) where the party seeking health information provides a showing that the patient or patient's attorney have been served with a copy of the subpoena, affidavit and the appropriate notice. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered.
- ***Threat to Health or Safety:*** When a serious threat of physical violence against an identifiable victim is known or reasonably suspected, efforts to communicate that information to the potential victim and the police must be issued.
- ***Worker's Compensation:*** When a worker's compensation claim is filed, a report must be provided to an employer, incorporating findings about the injury and treatment, within five working days from the date of the initial examination, and at subsequent intervals as may be required by the administrative director of the Worker's Compensation Commission in order to determine eligibility for worker's compensation.

If you request to communicate by email, please be aware of the limitations of confidentiality for personal health information with unencrypted emails. Please initial the appropriate line below:

___ I **DO** want to communicate via email.

___ I **DO NOT** want to communicate via email.

I have read the above statements and agree to treatment under these conditions.

Signed _____Date_____

Therapist _____Date_____

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Today's Date:_____

Name_____ Date of Birth_____ Age_____

Address_____

Work phone (_____)_____ Home phone (_____)_____

Cell phone (____)_____ Email_____

Occupation_____ Employer_____

Employer's address _____

Referred by_____ Marital Status M S D W Other_____

With whom do you live?_____ _____

Any prior marriages? _____ If yes, when_____

Number of children (list names and ages) _____

_____

May I identify myself if I call your home? ____ yes ___ no

CONCERNS:

1. What is the major reason you are seeking help at this time?

2. How long have these things been bothering you? Did they start gradually or suddenly?

3. What do you think is causing the problem?

4. What have you tried to do so far? How has that worked?

5. What objective do you have for yourself as a result of being in therapy?

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Have you been in therapy before? If so, when and with whom?

DATE	THERAPIST	LOCATION	LENGTH OF TREATMENT	TYPE OF TREATMENT	RESULTS

Check all items below that apply to your present condition:

- ☐ Headaches
- ☐ Dizziness
- ☐ Stomach trouble
- ☐ Bowel trouble
- ☐ Feel tense
- ☐ Irritable
- ☐ Unusual thoughts
- ☐ Strange experiences
- ☐ Weight change
- ☐ Always tired
- ☐ Can't go to sleep
- ☐ Can't stay asleep
- ☐ Other:
- ☐ Nightmares
- ☐ Sexual problems
- ☐ Financial problems
- ☐ Depressed
- ☐ Panicky feelings
- ☐ Tremors or tics
- ☐ Always worried
- ☐ Unable to relax
- ☐ Feel worthless
- ☐ Can't make decisions
- ☐ Thoughts of suicide
- ☐ Ready to explode
- ☐ Specific fear
- ☐ Unable to work well
- ☐ Can't get interested
- ☐ Drink excessively
- ☐ Excessive use of drugs
- ☐ Unable to have a good time
- ☐ Trouble concentrating
- ☐ Can't make friends
- ☐ Can't keep friends
- ☐ Feel apart from people
- ☐ Fear things I shouldn't
- ☐ Conflict within family
- ☐ Fear I will lose self-control
- ☐ Dissatisfied with sexual

Medications used during the last year:_____

_____

Serious illnesses, surgeries, or medical conditions

_____

_____

Do you drink alcohol? _____ Frequency and amount_____

Have you or a spouse or family member struck, physically restrained, used violence against, or injured the other person within the last few years? _____ If yes, how often, and what happened:

_____

_____