Jeri L. Kramer, PsyD, LPC
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Instructions: One person should complete pages 1-3, and the other person pages 4-6. Both parties need to read, sign and date pages 7-9.

Name: _____ Birthdate: _____Age:_____

Address:_____City/State: _____ Zip:_____

Home Phone:_____ Cell: _____ Work: _____

Emergency Contact: _____ Cell: _____ Work: _____

Briefly describe your reason for seeking help: _____

_____

_____

How did you hear about me? (please circle): **Friend • Family • Doctor • Psychiatrist • Google • Bing/Yahoo**

Online Directory: ☐Theravive ☐GoodTherapy ☐NetworkTherapy

Other: _____

What is your religious affiliation? _____ None ❑

Education/Degrees: _____

Occupation: _____ How Long?_____

Place of Employment: _____ How Long?_____

If not employed, how long has it been since you worked? _____

What kind of job did you have? _____

What caused you to stop working? _____

Relationship Status: ❑ Single ❑ Married ❑ Divorced ❑ Separated ❑ Widowed ❑ Living Together

Current and Past Significant Relationships

To Whom	Length of Relationship	Ending Date of Relationship *(if applicable)*	Children from that Relationship *(if any)*

Briefly describe your current relationship: _____

_____

Age of spouse/partner: _____ Religion: _____

Education/degrees? _____ Occupation: _____

Is he/she currently employed? ❑ Yes ❑ No How Long? _____

Has your partner had previous significant relationships? ❑ Yes ❑ No Number of times: _____

How long since his/her last one?_____

Number of children from previous relationship:_____ Ages of children: _____

With whom are you currently living?

Name	Relationship	Age	Use of Alcohol/Drugs	How do you get along?

Extended Family: Parents, Siblings, And Others Close To You

Name	Relationship	Age	Occupation	Challenges: i.e. Alcohol, History Mental Illness

How was it to grow up in your family?_____

_____

_____

Medical Information

When were you last examined by a physician?_____ Name of Doctor:_____

List any health problems for which you currently receive treatment: _____

_____

List any past health problems including accidents:_____

_____

List any medications you currently take:_____

Women only:

How many pregnancies have you had?_____ Are you pregnant now? ❑ Yes ❑ No

Any miscarriages or abortions? ❑ Yes ❑ No How many?_____

Men and women:

Are you sexually active? ❑ Yes ❑ No Beginning at what age?_____

Do you use birth control methods? ❑ Yes ❑ No If yes, what? _____

Have you ever had concern about eating habits? ❑ Yes ❑ No

Psychological/Emotional Information

Have you ever sought help or been treated for psychological or emotional reasons? ❑ Yes ❑ No

If so, when and where? _____

Was it helpful? _____

Have you ever thought about suicide? ❑ Yes ❑ No If so, did you have a plan? ❑ Yes ❑ No

Have you ever attempted suicide? ❑ Yes ❑ No If so, how many times? _____

Alcohol/drug use history

Do you feel you have a drug or alcohol problem? ❑ Yes ❑ No

Have you ever had any previous treatment for drug / alcohol abuse? ❑ Yes ❑ No

If so, when and where? _____

List all drugs, including alcohol, that you currently use, or have used in the last year (indicate frequency and amount):

_____

_____

Legal

Please list and describe any arrests or legal problems (including driving violations): _____

_____

_____

Circle any problem that pertains to you at the present:

Anger	Education	Sexual Problems	Work
Drug Use	Loneliness	Bowel Troubles	Relationship
Fatigue	Ambition	Stomach Problems	Divorce
Finances	My Appearance	Suicidal Thoughts	Future
Friends	Concentration	Nightmares	Temper
My thoughts	Parenthood	Health Problems	Age
Nervousness	Relaxation	Making Decisions	Stress
Self-esteem	Sexual Orientation	Physical Abuse	Anxiety
Separation	Energy	Inferiority	Appetite
Sexual Abuse	Children	Career Choices	Weight
Shyness	Legal Matters	Self Control	Memory
Sleep	Under / Over-eating	Alcohol Use	Overeating
Unhappiness	Depression	Headaches	Fears

Other: _____

Circle everything that has happened to you in the past three years:

Death of a spouse/partner	Relationship Problems	Changes in relationship status
Death of another family member	Family Problems (Children, in-laws)	Loss of Job
Major illness or injury–yourself	Financial Problems	Move to another city or state
Major illness or injury–family member	Legal Problems	Other: _____

Please list any additional information that you feel may be helpful: _____

_____

_____

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Occupation: _____ How Long?_____

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Major illness or injury–yourself	Financial Problems	Move to another city or state
Major illness or injury–family member	Legal Problems	Other: _____

Please list any additional information that you feel may be helpful: _____

_____

_____

Office Policy and Financial Responsibility Statement

Responsible party if other than patient: _____

I UNDERSTAND THAT:

- Therapy sessions are **50 minutes** in length and are billed at **$135.00 per session.** Payment of cash, check or credit card is due at each visit.
- Sessions of late arrivals will end on time and be billed the full fee.
- *Parents/Guardians who provide transportation are required to stay at the office while their child(ren) are being seen.*
- The rate of $135.00 will also apply to time spent on providing special services, such as telephone sessions, phone calls, case consultations, and time spent discussing treatment with other authorized professionals.
- Jeri Kramer does not participate with third party payers, such as managed care organizations and insurance companies. By signing this form, I am agreeing to pay the entire bill at the time of service. If requested, I may receive a "super-bill" as a receipt to submit to a third party payer.
- **I must give 24-hour notice of appointment cancellation or I will be billed in full. MONDAY appointments must be cancelled by Friday at 5:00pm. The credit card below will be billed in full for "no show" appointments, late cancelled appointments, and unpaid balances unless other arrangements are made.**

initial _____

_____ _____
card number expiration date

_____ _____
name as it appears on card CVV Code

_____ _____
card holder's signature date

I understand that I am financially responsible for any and all charges incurred for the treatment of the above-named. I have read the above office policy regarding length of sessions, late arrivals, charges, missed appointments, etc. **I understand and agree to the stated terms.**

_____ _____
Signature of Client (or Parent of Minor child) Date

Limitation on Confidentiality when Providing Therapy to Couples

There are slightly different expectations and limits about confidentiality in couples therapy than there are in individual therapy. When I agree to treat a couple I consider that couple to be the patient. For instance, if there is a request for the treatment records of the couple, I will need the authorization of both members before I release confidential information. Also, if my records are subpoenaed, I will assert the psychotherapist-patient privilege on behalf of the couple, not just an individual.

During the course of my work with a couple I often see each individual alone for one or more sessions. These sessions are a part of the work that I am doing with the couple, unless otherwise indicated. If you are involved in one or more of these sessions with me, please understand that generally these sessions are confidential in the sense that I will not release any confidential information to a third party unless I am required by law to do so or unless I have your written authorization. In fact, since those sessions can and should be considered a part of the treatment of the couple, I would also seek the authorization of the other individual before releasing confidential information to a third party.

Regarding sharing the content of these individual sessions with the other member of the couple, I will not disclose information from individual sessions to the other party if I am asked to keep it a secret. I will make an exception to this policy if one party is engaging in behaviors that put the other party at risk without his or her knowledge (e.g., secretly engaging in unprotected sex outside the relationship). We will discuss this policy in greater detail at our first session.

We acknowledge by our individual signatures below, that each of us has read this policy, that we understand it, that we have had an opportunity to discuss its contents with Jeri L. Kramer, PsyD, LPC and that we enter couple therapy in agreement with this policy.

Signature: _____ Date: _____

Signature: _____ Date: _____

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Consent for Evaluation and Treatment

Your signature below indicates that you have received a copy of the INFORMED CONSENT that follows and that you agree to abide by these terms during our professional relationship.

Names of clients

Signature of client

Signature of client

Date

DO NOT COMPLETE THIS PAGE – WE WILL DO IT DURING OUR FIRST SESSION

Treatment Plan

Name: **Date:**

Reason for Treatment:

Goals:

Methods: **Methods: Psychotherapy will consist of problem identification; resource strengthening; cognitive and emotional processing; behavioral strategies, improving relationship skills; and a supportive relationship.**

Referrals:

Date to be reviewed:

We have participated in the formation of this treatment plan, understand and approve it, and fully accept the responsibility to carry it out:

_____ _____

Signature of Client or Responsible Party Date Therapist Signature Date

_____

Signature of Client or Responsible Party Date

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Informed Consent for Assessment and Treatment

This document contains important information about my professional services and business policies. Please read this carefully before our next session because it contains information important to your care. The law requires that I obtain your signature acknowledging that I have given you this information before we can continue with therapy.

Background and Services. I am a professional counselor in an independent private practice. My credentials include a Doctorate degree in clinical psychology. I am licensed by the Arizona Board of Behavioral Health Examiners. In addition, I am certified by the National Board of Certified Counselors as a National Certified Counselor. I offer counseling and psychotherapy to individuals and couples in the areas of mental health, relationships, adjustment, personal development, family transition, and skill development issues.

The primary focus of my practice is working with adults. I treat a wide variety of concerns, including depression, anxiety, mood disorders, relationship problems and grief. Clients that present in counseling with substance dependence, diagnosed eating disorders, sexually abusive or violent behaviors, severe mental disorders, or certain personality disorders as their primary problem will be referred to other professions or programs that specialize in these areas. I reserve the right to refer a client to another therapist or appropriate resource at any time if their needs in therapy are not a good match for my skills or experience.

Purpose, limitations, and risks of treatment. Psychotherapy has been scientifically demonstrated to be of benefit to most people in many different situations. People who are depressed may find their mood lifting. Others may feel less afraid, angry, or anxious. Psychotherapy provides a chance to talk things out fully until feelings are relieved and problems are resolved. Relationship skills improve, and clients are more able to cope with stressful situations. They may receive more satisfaction from social, personal and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as individuals, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

There are also risks in therapy. By opening up unexamined areas in your life, you may feel worse for a while. People around you can also be affected and may not like the resulting emotions or the changes you decide to make in yourself. Therapy often triggers you to question areas of your life such as career, lifestyle, parenting style, relationships and values. This can all be very uncomfortable. Finally, even with our best efforts, there is a risk that therapy may not be as effective as you would like. Therapy cannot make life less complex. It is designed to give you internal and external tools and resources to deal with life's complexities. As with many things in life, you get out of therapy only what you put in. The people who seem to make the most progress are those who consistently want to know how to change themselves (as opposed to those who want to change others).

Treatment process and rights. Your counseling will begin with one or more sessions devoted to an initial assessment so that I can get a good understanding of the issues, your background, and any other factors that may be relevant. When the initial assessment process is complete, we will discuss ways to treat the problem(s) that have brought you into counseling and develop a treatment plan. You have the right and the obligation to participate in treatment decisions and in the development and periodic review and revision of your treatment plan. You also have the right to refuse any recommended treatment or to withdraw consent to treat and to be advised of the consequences or such refusal or withdrawal.

Most of my clients see me once a week for two to three months. After that, we may meet less often for several more months. The process of ending therapy is a very valuable part of our work. Stopping

therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, I ask that you agree to meet for at least one more session to review our work together. We will review our goals, the work we have done, and any future work that needs to be done. If you would like to take a "time out" from therapy to try it on your own, we should discuss this. We can discuss how to make the "time out" more helpful.

Privacy, confidentiality, and records. Ordinarily, all communications and records created in the process of counseling are held in the strictest confidence. However, there are numerous exceptions to confidentiality defined in the state and federal statues. The most common of these exceptions are when there is a real or potential life or death emergency, when the court issues a subpoena, or when child or vulnerable adult abuse or neglect is involved. This counselor will not be used to testify in legal matters related or unrelated to therapy. I also participate in a process where selected cases are discussed with other professional colleagues to facilitate my continued professional growth and to get you the benefit of a variety of professional experts. While no identifying information is released in this peer consultation process, the dynamics of the problems and the people are discussed along with the treatment approaches and methods.

During times when I am out of town or otherwise unavailable, I will typically have another licensed therapist on call for me. I reserve the right to disclose confidential information from your records and our time together, including personally identifiable information, to this on-call therapist to facilitate the coverage of your care in my absence.

There are also numerous other circumstances when information may be released including when disclosure is required by the Arizona Board of Behavioral Health Examiners, when a lawsuit is filed against me, to comply with worker compensation laws, to comply with the USA Patriot Act and to comply with other federal, state or local laws. The rules and laws regarding confidentiality, privacy, and records are complex.

Emails, cell phones, computers and faxes: It is very important to be aware that computers and unencrypted email, texts, and e-fax communication can be accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails, texts, and e-faxes, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all emails, texts and e-faxes that go through them. While data on my laptop is encrypted, emails and e-fax are not. It is always a possibility that e-faxes, texts, and email can be sent erroneously to the wrong address and computers. My laptop is equipped with a firewall, virus protection and a password, and I back up all confidential information from my computer on a regular basis to an encrypted back-up service. Please notify me if you decide to avoid or limit, in any way, the use of email, texts, cell phones calls, phone messages, or e-faxes. If you communicate confidential or private information via unencrypted email, texts or e-fax or via phone messages, I will assume that you have made an informed decision, and I will view it as your agreement to take the risk that such communication may be intercepted, and I will honor your desire to communicate on such matters. Please do not use texts, email, voice mail, or faxes for emergencies.

In the event of my death or incapacity, the records for my clients that are actively receiving services (seen within the last month) will be given to one or more local behavioral health professionals to facilitate the continuation of treatment. In such a situation, you have the right to continue treatment with this professional, discontinue treatment, or ask for a referral. Records for my inactive clients will be handled by a "records custodian," which may be an individual or company. The custodian will be responsible for satisfying records requests and destroying records when the legal timeframes for records retention are satisfied.

Our relationship. The client/counselor relationship is unique in that it is exclusively therapeutic. In other words, it is inappropriate for a client and a counselor to spend time together socially, to bestow gifts, or to attend family or religious functions. If we encounter each other in the community, I may nod or smile, but I will not acknowledge you as anyone I know. I'm not trying to be rude, but attempting to maintain your confidentiality. Even though you might invite me, I will not attend your family gatherings,

such as parties or weddings. As your therapist, I will not celebrate holidays or give you gifts; I may not notice or recall your birthday. I also ask that you refrain from giving gifts to me. The purpose of these boundaries is to ensure that you and I are clear in our roles for your treatment and that your confidentiality is maintained.

If there is ever a time when you believe that you have been treated unfairly or disrespectfully, please talk with me about it. It is never my intention to cause this to happen to my clients, but sometimes misunderstandings can inadvertently result in hurt feelings. I want to address any issues that might get in the way of the therapy as soon as possible. This includes administrative or financial issues as well.

Financial. Payment is expected at the beginning of each session unless other arrangements have been made. By signing this document, you are agreeing to pay for the services rendered and any additional expenses that may be accrued in collecting said fees.

Regular Therapy Services: Currently, the fee for a 50 minute counseling session is $135.00. Sessions that are extended by more than ten minutes will be charged on a prorated basis. Please note that some insurance companies will not pay for an appointment outside of the traditional 50 minutes.

Telephone consultations: I have a strong preference for face-to-face contact. However, telephone consultations may be necessary at certain times in our therapy. If these last longer than ten minutes, you will be charged at the prorated hourly rate. If I need to have long telephone conferences with other professionals as part of your treatment, you will be billed for these at the same rate. If you are concerned about this, please be sure to let me know in advance so we can set a policy that is comfortable for both of us. Of course, there is no charge for calls about appointments or other business.

Other services: Charges for other services, such as hospital visits, consultations with other therapists, home visits, or court-related services (such as consultations with lawyers, depositions, or attendance at courtroom proceedings) will be based on the time involved in providing the service using my regular fee schedule.

I reserve the right to change my fees with 30 days notice and to use the services of a third-party collections service, when necessary. Refunds are not made after the services have been rendered. You have the right to be informed of all fees that you are required to pay. Please discuss these with me if you have a concern.

Insurance. I am not a preferred provider for health plans. If you are using one of these plans to pay for your treatment it would be your responsibility to call your insurance company to find out your mental health benefits. If you are using an insurance program, I will supply you with a superbill that you can turn into your insurance company so they can reimburse you. Your insurance company or managed care company may limit the number of sessions based on their assessment of medical necessity or other factors. Their determination may or may not match what you want or need in treatment. In the event that they will not authorize additional sessions or you exhaust the sessions that your insurance will provide, you understand that you will have to pay for the additional services rendered. In all cases however, payment for services is the responsibility of the client, not the insurance company. Once again, please discuss this with me if you have any questions.

Using a third party to reimburse you for the counseling implies that some information will be released in order to obtain payment for the services.

Availability of services. My practice does not have the capability to respond immediately to counseling emergencies. True emergencies should be directed to the community emergency services (911) or to the local hotlines (Empact – 480-784-1500, Banner Help line - 602-254-4357, ValueOptions – 602-222-9444). Established clients with an urgent need to make contact may contact me via cellular phone, but an immediate response is not guaranteed. A quick or immediate response in one situation does not constitute a commitment of rapid response in another situation. I attempt to return phone calls within the same day if left during office hours or within a 24/48 hour period. Also, I do *not* communicate via email or fax.

Appointments. Regular attendance at your scheduled appointments is one of the keys to a successful outcome in counseling. I reserve a 45-50 minutes for each appointment with a client. If I am ever unable to start on time, I can usually extend your session beyond the allotted hour. If you are late, we will probably be unable to meet for the full time, because it is likely that I will have another appointment after yours. Appointments canceled at the last minute are very detrimental to my practice. Therefore, I ask that you notify me a minimum of one full business day (24 hours, Monday through Friday) prior to your appointment if you need to cancel. Appointments for Mondays must be canceled by the prior Friday at 5:00 P.M. I do not initiate reminder phone calls. **You *will be billed the full rate for appointments you fail to cancel in accordance with this policy. Again, late cancellations or missed appointments will be billed at the full fee of $135.00. In addition, if you arrive more than 15 minutes late to an appointment I can not supply a superbill for you to issue to the insurance company for a full session. However, you will be responsible for the fee of a full session. Please note that these are personal financial obligations that you are responsible for; not the obligations of your insurance company.***

Appointment availability varies with the client load at the time. High demand appointments (off hours, late afternoons, etc.) are likely to be sporadic in their availability. I reserve the right to limit my commitments of high demand appointment times to any particular client in order to meet the needs of all my clients and balance my workload.