

# Alohi Counseling

Starr Harrison, RM, LMFT, LIC. No.: MFT37447

Robert M. Schlesinger, MS, RAS, MFT Registered Intern, REG. No.: IMF67360

2510 E. WILLOW ST. – UNIT 101

SIGNAL HILL, CA 90755-6306

PHONE: (562) 753-5011

## CLIENT INFORMATION FORM

Your cooperation in completing this form will be helpful in planning services for you.  
Please answer each item carefully and completely. All information on this form is confidential.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

ETHNIC/CULTURAL/RACIAL IDENTIFICATION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_

MARITAL STATUS:     SINGLE         LIVING WITH         ENGAGED         MARRIED  
(check as necessary)  
                          REMARRIED     SEPARATED         DIVORCED         WIDOWED

OCCUPATION: \_\_\_\_\_

LIST SPOUSE'S/PARTNER'S NAME, AGE AND OCCUPATION (if any):  
\_\_\_\_\_

WITH WHOM ARE YOU NOW LIVING?  
\_\_\_\_\_

BY WHOM WERE YOU REFERRED FOR THERAPY?: \_\_\_\_\_

DO I HAVE YOUR PERMISSION TO CONTACT HIM/HER? YES  NO

IF SO, WHAT IS HIS/HER PHONE NUMBER? (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_

REASON FOR SEEKING THERAPY: (Include symptoms, how long you have had this problem, in what situations it occurs, and what major events were happening at the time this problem began)

List all prescription and over-the-counter medications you are now taking, include dosage information/frequency and prescribing Doctor's name.

Physician: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Do you smoke? No  Yes  Please Describe:

Do you drink coffee/caffeinated drinks? No  Yes  How much? \_\_\_\_\_

How much alcohol do you drink in an average week? \_\_\_\_\_

Do you exercise regularly? No  Yes  Type of exercise: \_\_\_\_\_

Describe any major changes in your life in the past two years:

Have you experienced trauma or abuse? No  Yes  Please describe:

Have you ever seen a counselor before? What were the reasons and outcome of treatment?

Please add any additional information that you think would be useful for your counselor to know:

IN CASE OF EMERGENCY NOTIFY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE: Daytime: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Evenings: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Thank you for providing this information.  
Full payment is expected at the time services are rendered unless other arrangements are made.

WHEN PAYMENT IS REQUIRED, I HEREBY GUARANTEE PAYMENT TO  
*Alohi Counseling*  
FOR SERVICES PROVIDED:

\_\_\_\_\_  
(Signature of Responsible Party)

\_\_\_\_\_  
(Date)

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## HIPAA NOTICE OF PRIVACY PRACTICES

- I. **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**
- II. **IT IS OUR LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).**

By law we are required to insure that your PHI is kept private. The PHI constitutes information created or noted by us that can be used to identify you. It contains data about your past, present, or future health or condition, the provisions of health care services to you, or the payment for such health care. We are required to provide you with this Notice about our privacy procedures. This Notice must explain when, why, and how we would use and/or disclose your PHI. Use of PHI means when we share, apply, utilize, examine, or analyze information within this practice; PHI is disclosed when we release, transfer, give, or otherwise reveal it to a third party outside my practice. With some exceptions, we may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, we are always legally required to follow the privacy practices described in this Notice.

Please note that we reserve the right to change the terms of this Notice and our privacy policies at any time as permitted by law. Any changes will apply to any PHI already on file with this practice. Before we make any important changes to our policies, we will immediately change this Notice and post a new copy of it in our office. You may also request a copy of this Notice from your therapist, or you can view a copy of it in our office.

### III. **HOW WE WILL USE AND DISCLOSE YOUR PHI**

We will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of my uses and disclosures, with some examples.

- A. **Uses and disclosures related to treatment, payment, or health care operations do not require your prior written consent. We may use and disclose your PHI with your consent for the following reasons:**
  1. For treatment. We can use your PHI within this practice to provide you with mental health treatment, including discussing or sharing your PHI with our trainees and interns. We may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, we may disclose your PHI to her/him in order to coordinate your care.
  2. For health care operations. We may disclose your PHI to facilitate the efficient and correct operation of this practice. Examples: Quality control — We might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. We may also provide your PHI to our attorneys, accountants, consultants, and others to make sure that we are in compliance with applicable laws

3. To obtain payment for treatment. We may use and disclose your PHI to bill and collect payment for the treatment and services you were provided. Examples: We might send your PHI to your insurance company or health plan in order to get payment for the healthcare services that we have provided to you, we could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process healthcare claims for our office.
4. Other disclosures. Examples: Your consent is not required if you need emergency treatment provided that we attempt to get your consent after treatment is rendered. In the event that we try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) but we think that you would consent to such treatment if you could, we may disclose your PHI.

**B. Certain other uses and disclosures do not require your consent. We may use and/or disclose your PHI without your consent or authorization for the following reasons:**

1. When disclosure is required by federal, state, or local law, judicial, board, or administrative proceedings, or law enforcement. Example: We may make a disclosure to the appropriate officials when a law requires us to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.
2. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.
3. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.
4. If disclosure is compelled by the patient or the patient's representative pursuant to California Health and Safety Codes or to corresponding federal statutes or regulations, such as the Privacy Rule that requires this Notice.
5. To avoid harm. We may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public (i.e., adverse reaction to medications).
6. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if we determine that disclosure is necessary to prevent the threatened danger.
7. If disclosure is mandated by the California Child Abuse and Neglect Reporting law. For example, if we have a reasonable suspicion of child abuse or neglect.
8. If disclosure is mandated by the California Elder/Dependent Adult Abuse Reporting law. For example, if we have reasonable suspicion of elder abuse or dependent adult abuse.
9. If disclosure is compelled or permitted by the fact that you tell us of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.
10. For public health activities. Example: In the event of your death, if a disclosure is permitted or compelled, we may need to give the county coroner information about you.
11. For health oversight activities. Example: We may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.
12. For specific government functions. Examples: We may disclose PHI of military personnel and veterans under certain circumstances. Also, we may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.
13. For research purposes. In certain circumstances, we may provide PHI in order to conduct medical research.
14. For Workers' Compensation purposes. We may provide PHI in order to comply with Workers' Compensation laws.

15. Appointment reminders and health related benefits or services. Examples: We may use PHI to provide appointment reminders. We may use PHI to give you information about alternative treatment options, other health care services, or benefits we offer.
  16. If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena duces tecum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
  17. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law. Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess our compliance with HIPAA regulations.
  18. If disclosure is otherwise specifically required by law.
- C. **Certain uses and disclosures require you to have the opportunity to Object.** Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.
- D. **Other uses and disclosures require your prior written authorization.** In any other situation not described in Sections IIIA-C above, we will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that we have not taken any action subsequent to the original authorization) of your PHI by us.

#### IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

These are your rights with respect to your PHI:

- A. **The right to see and get copies of your PHI.** In general, you have the right to see your PHI that is in our possession, or to get copies of it; however, you must request it in writing. If we do not have your PHI, but know who does, we will advise you how you can get it. You will receive a response from us within 30 days of our receiving your written request. Under certain circumstances, we may feel we must deny your request, but if we do, we will give you, in writing, the reasons for the denial. We will also explain your right to have the denial reviewed. If you ask for copies of your PHI, we may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, and the cost in advance.
- B. **The right to request limits on uses and disclosures of your PHI.** You have the right to ask that we limit how we use and disclose your PHI. While we will consider your request, we are not legally bound to agree. If we do agree to your request, we will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that we are legally required or permitted to make.
- C. **The right to choose how your PHI is sent to you.** It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via e-mail instead of by regular mail). We are obligated to agree to your request providing that can give you the PHI, in the format you requested, without undue inconvenience. We may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.
- D. **The right to get a list of the disclosures Alohi Counseling has made.** You are entitled to a list of disclosures of your PHI that we have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or your family; neither will the list

include disclosures made for national security purposes, or to corrections or law enforcement personnel. Disclosure records will be held for six (6) years. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list provided to you will include disclosures made within the previous six years unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. You will be provided the list at no cost, unless you make more than one request in the same year, in which case we will charge you a reasonable sum based on a set fee for each additional request.

- E. **The right to amend your PHI.** If you believe that there is some error in your PHI or that important information was omitted, it is your right to request that your therapist correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of our receipt of your request. Your request may be denied, in writing, if it is found that the PHI is: (a) correct and complete, (b) forbidden to be disclosed, (c) not part of our records, or (d) written by someone other than Alohi Counseling therapists. Our denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and our denial be attached to any future disclosures of your PHI. If your request is approved, we will make the change(s) to your PHI. Additionally, we will tell you that the changes have been made, and we will advise all others who need to know about the change(s) to your PHI.
- F. **The right to get this notice by e-mail. You have the right to get this notice by e-mail. You have the right to request a paper copy of it, as well.**

**V. HOW TO COMPLAIN ABOUT THESE PRIVACY PRACTICES**

If, in your opinion, you feel your privacy rights were violated, or if you object to a decision your therapist(s) made about your PHI, you are entitled to file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. If you file a complaint about our privacy practices, we will take no retaliatory action against you.

**VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES**

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact us at: Alohi Counseling, 2510 E. Willow St. Unit 101, Signal Hill, CA 90755-6306, or by phoning (562) 753-5011.

**VI. EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on October 20, 2014.

**By my signature below, I acknowledge receipt of a copy of this notice:**

_____	_____	_____
Client name (print)	Date	Signature
_____	_____	_____
Client name (print)	Date	Signature

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*Robert M. Schlesinger, MS, RAS, MFT Registered Intern, REG. No.: IMF67360*

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## OFFICE POLICIES & GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES

*This form provides you, the client, with information that is additional to that detailed in the Notice of Privacy Practices and it is subject to HIPAA pre-emptive analysis.*

**CONFIDENTIALITY:** All information disclosed within sessions and the written records pertaining to those sessions are confidential and cannot be revealed to anyone without your (client's) written permission, except where disclosure is required by law. Most of the provisions explaining when the law requires disclosure were described to you in the Notice of Privacy Practices that you have received.

**When Disclosure Is Required By Law:** Some of the circumstances where disclosure is required by the law are: where there is reasonable suspicion of child, dependent or elder abuse or neglect, and where a client presents a danger to self, to others, to property, or is gravely disabled (for more details see also HIPAA Notice of Privacy Practices form).

**When Disclosure May Be Required:** Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony from your therapist. In couple and family therapy, or when different family members are in therapy individually, confidentiality and privilege do not apply between the couple or among family members. Our counselors will use their clinical judgment when revealing such information. Alohi Counseling will not release records to any outside party unless authorized to do so by all adult family members who were part of the treatment.

**Emergencies:** If there is an emergency during our work together, or in the future after termination, where your therapist becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, your therapist will do whatever they can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, they may also contact the police, hospital or the person whose name you have provided on the biographical sheet.

**Health Insurance & Confidentiality of Records:** Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you so instruct your therapist, only the minimum necessary information will be communicated to the carrier. Unless authorized by you explicitly the Psychotherapy Notes will not be disclosed to your insurance carrier. Your therapist has no control or knowledge over what insurance companies do with the information submitted or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and soon will also be reported to the congress-approved, National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question, as computers are inherently vulnerable to break-ins and unauthorized access. Medical data has been reported to have been sold, stolen or accessed by enforcement agencies; therefore, you are in a vulnerable position.

**Confidentiality of E-mail, Cell Phone and Fax Communication:** It is very important to be aware that e-mail and cell phone (and also cordless phones) communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be easily compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact servers

have unlimited and direct access to all e-mails that go through them. Faxes can be sent erroneously to the wrong address. Please notify your therapist at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. **Please do not use e-mail or faxes in emergency situations.**

**Litigation Limitation:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on your therapist to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

**Consultation:** Your therapist consults regularly with other professionals regarding clients, however, the clients' names and other identifying information are never mentioned. The clients' identities remain completely anonymous, and confidentiality is fully maintained.

- Considering all of the above exclusions, if it is still appropriate, and upon your request, Alohi Counseling will release information to any agency/person you specify unless we conclude that releasing such information might be harmful in any way.

**TELEPHONE & EMERGENCY PROCEDURES:** If you need to contact your therapist between sessions, please leave a message on the office voice mail and your call will be returned as soon as possible. Our therapists check messages a few times a day (but never during the night-time) unless he is out of town; he checks the messages less frequently on weekends and holidays. **If you are in Orange County, California, and need to talk to someone right away, call the 24-hour Crisis Line (714) 894-4242, the Police (9-1-1), or the 24-hour Psychiatric Emergency line (714) 834-6900. If you are in Los Angeles County, California, and need to talk to someone right away, call the Department of Mental Health 24-hour hotline (800) 854-7771, or the Police (9-1-1).**

**PAYMENTS & INSURANCE REIMBURSEMENT:** Clients are expected to pay the standard fee at the end of each session unless other arrangements have been made. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed otherwise. Please notify your therapist if any problem arises during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. Unless otherwise agreed upon, your therapist will provide you with a copy of your receipt on a monthly basis, which you can then submit to your insurance company for reimbursement if you so choose. As was indicated in the section, *Health Insurance & Confidentiality of Records*, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems, which are the focus of psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

**MEDIATION & ARBITRATION:** All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chose by agreement of Alohi Counseling and client(s). The cost of such mediation, if any, shall be divided equally between the parties involved, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Los Angeles County, California, in accordance with the rules of the American Arbitration Association in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Alohi Counseling can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorney's fees and/or court costs. In the case of arbitration, the arbitrator will determine the sum.

**THE PROCESS OF THERAPY/EVALUATION:** Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. Your therapist will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. Your therapist may challenge some of your assumptions or perceptions, or propose different ways of looking at, thinking about, or handling situations that can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes not originally intended nor anticipated. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, your therapist is likely to draw on various psychological treatment methods based, in part, on the problem being treated and an assessment of what will best benefit you. These methods may include behavioral, cognitive-behavioral, system/family, developmental (adult, child, family), and/or psycho-educational.

**Discussion of Treatment Plan:** Within a reasonable time after the initiation of treatment, your therapist will discuss their working understanding of your problem, treatment plan, therapeutic objectives, and their view of the possible outcomes of treatment. If you have unanswered questions about any of the procedures used in the course of your therapy, their possible risks, your therapist's expertise in employing them, or about the treatment plan, please ask and you will be answered. You have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment your therapist does not provide, they have an ethical obligation to assist you in finding those treatments.

**Termination:** As set forth above, after the first couple of meetings, your therapist will assess if they can be of benefit to you. Therapists should not accept clients who, in their opinion, they cannot help. In such a case, they will give you a number of referrals to contact. If at any point during psychotherapy, the therapist assesses that they are not effective in helping you reach your therapeutic goals, they are obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, they can provide referrals which may be of help to you. If you request it and authorize it in writing, your therapist will talk to the therapist of your choice in order to help with the transition. *You have the right to terminate therapy at any time.* If you agree, your therapist will provide you names of other qualified professionals whose services you might prefer.

**Dual Relationships:** Not all dual relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that would impair the therapist's objectivity, clinical judgment, or therapeutic effectiveness or which has an exploitative nature. Our therapists will assess carefully before entering into non-exploitative dual relationships with clients. The "LA County/Orange County Basin" is made up of several small communities and many clients may know each other and your therapist from one or more communities. Consequently, you may see someone you know in the waiting room or see your therapist out in the community. Our therapists will never acknowledge working therapeutically with anyone without express written permission. Some clients chose a therapist as their Counselor because they knew them before they entered therapy. Nevertheless, your counselor will discuss with you, the client, the often-existing, complexities, potential benefits, and difficulties that may be involved in such relationships. Dual or multiple relationships can enhance therapeutic effectiveness but can also detract from it, often it is impossible to know ahead of time. It is your responsibility as the client to communicate to your therapist if the dual relationship becomes uncomfortable for you in any way. The therapist will always listen carefully and respond accordingly to your feedback. A therapist will discontinue a dual relationship if they find it effectively interfering with the therapeutic process or your welfare and, you can do the same at any time.

**CANCELLATION:** Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24-hours notice is required for re-scheduling or cancelling an appointment. Unless we reach a different agreement the full fee will be charged for sessions missed without such notification. Insurance companies do not reimburse for missed sessions.

**DISCLOSURE:** During the term of Robert M. Schlesinger's status as a Marriage and Family Therapist Registered Intern, and until such time as he is issued an individual license as a Marriage and Family Therapist, his registration number is IMF67360, and he is under the clinical supervision of Starr Harrison, Licensed Marriage and Family Therapist, License #: MFT37447.

**I have read the above Agreement and Office Policies and General Information carefully; I understand them and agree to comply with them:**

_____	_____	_____
Client name (print)	Date	Signature

_____	_____	_____
Client name (print)	Date	Signature

_____	_____	_____
Counselor	Date	Signature