Nancy Spears Counseling & Mediation Services
Nancy Spears, LMFT
Licensed Marriage and Family Therapist #85851
Camarillo Office – (805) 419-6551
360 Mobil Ave, Ste 205G

I, _____(client) agree to enter into psychotherapy with Nancy Spears, LMFT (Licensed Marriage & Family Therapist), as long as I deem necessary. These sessions may last any amount of time that Nancy and I negotiate. I understand that I may end my therapy at any time, and I agree to discuss this with Nancy before my last session.

I understand that the fee for this service is **$125** per 50-minute individual, couple, or family session (exception: pre-authorized adjusted amount) and that it is due at the time of service. Other time lengths will be charged on a pro-rated basis. Payment will be in the form of **check or cash**. There is a **$25** returned check fee. If my account is delinquent more than one session, additional appointments will not be scheduled until the account is paid in full. Upon request, I may be provided with a monthly-itemized bill so that I can seek reimbursement from my insurance coverage, if appropriate. Nancy does not bill insurance companies.

CANCELLATION POLICY: If I must cancel a scheduled appointment, I agree to contact Nancy at (805) 419-6551 with a minimum of **24-hour notice** to avoid being charged for this reserved time. If I fail to do this, I agree to pay the full session fee for the missed session. In the event of a bona fide emergency that makes me incapable of this notification, a waiver of the fee is up to the discretion of Nancy.

Should Nancy fail to appear for a regularly scheduled appointment or to notify me of a non-emergency cancellation with less than 24-hour notice, I understand that she will see me for one session at no charge.

TELEPHONE AND EMERGENCY PROCEDURES: Please contact 911 or your local authorities for life-threatening emergencies. Should I need to contact Nancy between sessions, I may reach her at her office voicemail at (805) 419-6551.

CONFIDENTIALITY
I place a high value on the confidentiality of the information that my clients share with me. This sheet was prepared to clarify my legal and ethical responsibilities regarding this important issue.

Personal information that you share with me may be entered into your records in written form. However, an effort is made to avoid entry of information that may be especially sensitive or embarrassing. I am the only one who has access to my files.

EXCEPTIONS TO CONFIDENTIALITY

There are several important instances when confidential information may be released to others:

First, if you have been referred to this office by the Court ("court-ordered"), you can assume that the Court wishes to receive some type of report or evaluation. Discuss with me exactly what information may be included in a report to the Court before you disclose any confidential material. In such instances, you have a right to tell me only what you want me to know.

Second, if you are involved in litigation of any kind and inform the court that you have received services from me (making your mental health an issue before the court), you may be waiving your right to keep your records confidential. You may wish to consult your attorney regarding such matters before you disclose that you have received treatment.

Third, if you threaten to harm either yourself or someone else and I believe your threat is serious I am obligated under the law to take whatever actions seem necessary to protect people from harm. This may include divulging confidential information to others and would only be done under unusual circumstances where someone's life appeared to be in danger.

Fourth, if I have reason to believe that you are abusing or neglecting your children or an elderly person, I am obligated by law to report this to the appropriate agency. The law is designed to protect children and the elderly from harm and the obligations to report suspected abuse or neglect are clear in this regard.

In summary, I make every reasonable effort to safeguard personal information that you may share with me. There are, however, certain instances (as in those described above) when I may be obligated under the law to release such information to others. If you have any questions about confidentiality, please discuss them with me.

RELEASE OF INFORMATION TO OTHERS

If, for some reason, there is a need to share information in your record with anyone else (for example, your physician or another therapist), you will first be consulted and asked to specify the information that you give me permission to release to the other party and to specify the time period during which the information may be released. You can revoke your permission at any time by simply giving me written notice.

I have read and understand the above information regarding the exceptions to confidentiality. I agree to disclose personal information with these exceptions in mind. I agree to these terms unless amended by mutual agreement.

Client:_____ Date: _____

Therapist:_____ Date: _____

CLIENT INFORMATION

Name: _____

Address: _____City: _____State: ___ Zip: _____

Phone(s): Cell: _____ Work: _____ Home: _____

Birthdate: _____ Email: _____

Emergency Contact: _____

Relationship _____ Phone: _____

Marital Status:
( ) Never Married ( ) First Marriage ( ) Separated ( ) Divorced

( ) Remarried 1 2 3 4 ( ) Widowed ( ) Shared Living Arrangement

Educational Status: Years completed: _____ Degrees Earned: _____

Religious Preference: _____

Current Occupation: _____

Household Members (Names/Ages/Relationship)

_____

_____

_____

_____

Previous Therapy Experience: _____

Psychiatric hospitalization(s): _____

Current medical Doctor: _____ Phone: _____

Medications currently taking: _____

_____

Goals for counseling: _____

_____

Referred by: _____

Childhood family experience (**check all that apply)**
( ) Outstanding home environment
( ) Normal home environment
( ) Chaotic home environment
( ) Witnessed physical/verbal/sexual abuse *toward* others
( ) Experienced physical/verbal/sexual abuse *from* others

Social Support System (**check all that apply**)
( ) Supportive network
( ) Few friends
( ) Substance-use-based friends
( ) No friends
( ) Distant from family
( ) Involved in church fellowship

Financial Situation (**check all that apply**)
( ) No current financial problems
( ) Large indebtedness
( ) Poverty or below poverty income
( ) Impulsive spending
( ) Relationship conflicts over finances

Rate your concern for the following: SCALE = does not apply (0) to high (5)

( ) alcohol	( ) anger	( ) anxiety
( ) bereavement	( ) depression	( ) despair
( ) drugs	( ) fear	( ) guilt
( ) shame	( ) infidelity (self)	( ) infidelity (spouse)
( ) insecurity	( ) intense anger	( ) loneliness
( ) loss of faith in God	( ) loss of faith in others	( ) loss of hope
( ) loss of love	( ) loss of purpose	( ) loss of self-respect
( ) marriage problems	( ) nervousness	( ) physical abuse
( ) sexual concerns	( ) eating habits	( ) sexual abuse
( ) legal problems	( ) financial problems	( ) self-doubt
( ) relationship w/parents	( ) sleeplessness	( ) troublesome dreams
( ) relationship w/superior	( ) vocational/directional	( ) suicidal thoughts
( ) relationship w/children	( ) parenting/co-parenting	( ) identity issues

Informed Consent for Telephone, Electronic, and Mail Contact

Important Note: Ordinary privacy precautions such as voice scramblers, pin codes, voice mail boxes, and locked fax, mail, and computer rooms are by no means foolproof, so that ***your confidentiality is always compromised*** when communicating by electronic devices or mail. Nor is deletion or shredding of private material a totally safe means of disposal, so that you are always at risk of breaches in confidentiality when electronic or mail communication of any type is used for private information. Your use of such means of communication with your therapist, consultant, tutor, or supervisor constitutes implied consent for reciprocal use of electronic and mail communication as well. It is the consensus of mental health professionals that reliable and valid psychotherapy, consultation, coaching, and supervision are typically conducted in a face-to-face setting, so that nonverbal communications can be taken into consideration. Body language, voice tone, pacing, emotional overtones, eye contact, and other variables are an important part of counseling or psychotherapeutically oriented professional services. However, there may be times or circumstances under which telephone, email, postal, or other means of communication may have a limited value, such as:

1. Brief between-session contact calls, email, or mail messages
2. Long-distance communication when either party is out of town or otherwise unavailable
3. Long-distance communication when therapy seems near its natural termination and either party relocates, making regular standard sessions impossible. Electronic communication is ***always*** incomplete without standard, agreed-upon, and periodic face-to-face contact.
4. Limited long distance consultation, supervision, coaching, or assessment may be appropriate when specialty or expertise is an issue. However, considerations of reliability and validity without regular face-face contact necessarily limit the kinds of interventions the consultant or therapist can make to (1) general questions about the client's concerns, (2) general theoretical considerations or advice, and (3) recommendations as to what kinds of professional consultation to seek locally.

I am aware of the limited validity and reliability of telephone and other kinds of electronic and mail communication as suggested above. I am further aware that I am not guaranteed confidentiality when I contact or receive such contacts from my therapist, consultant, coach, or supervisor. I understand that the purposes for engaging in telephone, electronic, or mail communication must be limited in scope and time and that validity and reliability of information given and received is necessarily limited. This consent supplements other or previous agreements.

Client: _____ Date: _____

Therapist: _____ Date: _____