

Client Intake

Name _____ Today's Date _____

Address _____ Age ____ Birthdate _____

City _____ Zip _____

Phone (home) _____ Cell _____

Where may I leave you a message? Home _____ Work _____ Cell _____

Employer _____ Job Title _____ Monthly Income _____

Education _____ (Last grade completed) School _____

Major _____ Date Graduated _____

Spouse _____ Age ____ Birthdate _____

Employer _____ Job Title _____ Monthly Income _____

Education _____ (Last grade completed) Major _____

Religious Affiliation _____ Ethnicity _____

How were you referred to me? _____

Prior therapist _____ Dates of treatment _____

Presenting Problem (Why you are looking for counseling or therapy today)

Children:

Name & Age	Live with you?	Birthdate	Other Parents Name
1.			
2.			
3.			
4.			
5.			

Are your parents still married? _____ Your birth order _____ (1st child etc.)

Quality of relationship with parents' _____

Special Issues or concerns with parents _____

Siblings:

Name	Age	Live with you?	Quality of Relationship
1.			
2.			
3.			
4.			
5.			

Special Issues or concerns with siblings _____

Legal Issues _____

Medical Issues _____

Are feeling like hurting yourself today? _____

Are feeling like hurting someone else today? _____

Please list medication you are taking & dosages

Medical Doctor _____ Last Seen? _____

Dear Client,

When a new client begins counseling with me, I provide them with an engagement letter to explain some of the ground rules, how I work, and how the therapeutic process may unfold. This is intended to provide important information to you regarding your treatment. I encourage you to read the entire document carefully and to ask me any questions.

I am a Licensed Marriage Family Therapist in California. I am governed by the laws of the State of California and the rules and regulations promulgated by the California Board of Behavioral Sciences pertaining to Marriage and Family Therapists. I received my Doctorate Degree in Psychology with an emphasis in Marriage, Family Therapy from The California Graduate Institute of The Chicago School of Professional Psychology in 2009.

The counseling approach that I use is best described as integrative psychotherapy. I use a combination of various therapeutic strategies and skills depending upon a client's unique challenges. I have experience in applying many orientations such as Jungian, family systems, object relations, psychodynamic, solution focused, and cognitive behavioral therapy (CBT).

Sessions generally consist of listening to what a client has to say and then responding with a comment or question.

I refrain from giving advice. I prefer to empower my clients to find their own answers and/or initiate their own changes through a process of facilitating greater awareness about themselves and their issues.

In most cases, it will be imperative that such awareness occurs on both a mental and an emotional level before desired answers materialize, or before desired changes can be achieved. Accordingly, I may occasionally remain silent in order not to interfere with what a client is thinking or feeling. It is normal and natural for strong feelings to arise during the course of psychotherapy. It is not unusual for a client's symptoms to become more pronounced during the course of therapy, although therapy sessions generally assist a client in coping with the experience of painful feelings, difficult memories, or problems relating to others. I invite feedback from my clients about the progress of their psychotherapy and encourage them to share openly and honestly about their experiences of our sessions together **at any time.**

I hold 50 minute sessions, with the frequency and the length of psychotherapy being determined by the client and me. Therapy sessions will ideally continue until the client and I mutually agree that our work is complete unless, of course, the client is mandated to attend counseling-in which case they will terminate in accordance with applicable requirements. It is important to begin sessions on time. My schedule necessitates that our sessions end promptly, which means that a client who arrives late for an appointment will not have the benefit of a full 50-minute session. I do not charge for missed sessions when I have a 24 hours' notice. **However, I do charge a full session fee for both late arriving clients and sessions missed with less than 24 hours' notice.**

I do not testify in court. If for any reason I am ordered by a Judge to appear on your behalf, you will be charged \$300.00 an hour for any time I am required to sit in court. I also charge \$300.00 an hour for any paperwork. Please choose a forensic psychologist, instead of me, if you are seeking court testimony.

Payment may be made by cash, check, or credit card (but exact cash is needed since change cannot be given). Checks should be made payable to "Dr. Marie Kerns". Occasionally, I will be out of town. When I am out of town I will do my best to arrange for an alternative session time that works for my client.

Messages should be left for me only, on my cell phone (949) 285-5199. I do not use email for client communication. I do accept text messages.

In the event of an emergency, when physical safety is at issue, you should call "911" or go to the emergency room at any hospital.

I have both a legal and ethical duty to ensure that what a client and I talk about remains confidential. In addition, both law and ethics require that I divulge the few circumstances under which there are exceptions to that confidentiality.

First, if I have any reason to believe that a child, an elderly person, or a dependent adult is being abused, neglected, or financially exploited, I am legally obligated to disclose such information to appropriate agencies. Laws called "mandatory reporting statutes" leave me no room for discretion. In those situations, I must convey my concerns to the requisite authorities.

Secondly, I am obligated to break confidentiality when doing so is necessary to protect an individual's physical safety.

Finally, certain legal proceedings or The Patriot Act of 2001 may require that I disclose otherwise confidential information. In such event, I will make every reasonable effort to discuss this matter with the client first; it being my preference to make any such disclosures with my client's full knowledge.

I will consult with other health professionals when I determine that doing so would be helpful to the psychotherapeutic process. When speaking with mental health professionals I will make every reasonable effort to disguise identifying information about a client. Any professional with whom I speak is, like me, bound by confidentiality.

NOTICE OF PRIVACY PRACTICES - 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.

I am required by law to maintain the privacy and security of your protected health information (“PHI”) and to provide you with this Notice of Privacy Practices (“Notice”). I must abide by the terms of this Notice, and I must notify you if a breach of your unsecured PHI occurs. I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

Except for the specific purposes set forth below, I will use and disclose your PHI only with your written authorization (“Authorization”). It is your right to revoke such Authorization at any time by giving me written notice of your revocation.

Uses (Inside Practice) and Disclosures (Outside Practice) Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Written Consent. I can use and disclose your PHI without your Authorization for the following reasons:

1. **For your treatment.** I can use and disclose your PHI to treat you, which may include disclosing your PHI to another health care professional. For example, if you are being treated by a physician or a psychiatrist, I can disclose your PHI to him or her to help coordinate your care, although my preference is for you to give me an Authorization to do so.
2. **To obtain payment for your treatment.** I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. For example, I might send your PHI to your insurance company to get paid for the health care services that I have provided to you, although my preference is for you to give me an Authorization to do so.
3. **For health care operations.** I can use and disclose your PHI for purposes of conducting health care operations pertaining to my practice, including contacting you when necessary. For example, I may need to disclose your PHI to my attorney to obtain advice about complying with applicable laws.

Certain Uses and Disclosures Require Your Authorization.

1. **Psychotherapy Notes.** I do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For my use in treating you.
 1. For my use in training or supervising other mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 2. For my use in defending myself in legal proceedings instituted by you.
 3. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 4. Required by law, and the use or disclosure is limited to the requirements of such law.
 5. Required by law for certain health oversight activities pertaining to originator of the psychotherapy notes.
 6. Required by a coroner who is performing duties authorized by law.
 7. Required to help avert a serious threat to the health and safety of others.
 2. **Marketing Purposes.** As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
 3. **Sale of PHI.** As a psychotherapist, I will not sell your PHI in the regular course of my business.

Certain Uses and Disclosures Do Not Require Your Authorization. Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. **Disclosures to family, friends, or others.** I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights with respect to your PHI:

1. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.**
3. **The Right to Choose How I Send PHI to You.** You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. **The Right to See and Get Copies of Your PHI.** Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.
5. **The Right to Get a List of the Disclosures I Have Made.** You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. - I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made

in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.

- 6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.**
- 7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.**

HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you think I may have violated your privacy rights, you may file a complaint with me, as the Privacy Officer for my practice, and my address and phone number are:

Dr. Marie Kerns
4199 Campus Drive, Suite 550
Irvine, CA 92612 949-285-5199

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

- 1. Sending a letter to 200 Independence Avenue,S.W.,Washington,D.C. 20201;**
- 2. Calling1-877-696-6775;or,**
- 3. Visitingwww.hhs.gov/ocr/privacy/hipaa/complaints.**

I will not retaliate against you if you file a complaint about my privacy practices.

EFFECTIVE DATE OF THIS NOTICE - This notice went into effect on July 5, 2016.

I look forward to working together.

Sincerely,

Dr. Marie Kerns, PsyD.
Licensed Marriage Family Therapist #50443

I (we), the undersigned, hereby acknowledge that I (we) have read the foregoing engagement letter, that the information I (we) provided is true and correct, and that I (we) consent to therapy upon the terms and conditions outlined herein.

Dated: _____ Dated: _____

Signed: _____ Signed: _____

Printed Name: _____ Printed Name: _____

Note: If the client is a minor, an authorized parent must sign in one of the spaces provided.

Emergency Contact _____ Phone # _____
Someone I have permission to contact in case of Emergency

Client Signature _____