



Lorna Hecht MFT

COUPLE , FAMILY, AND INDIVIDUAL THERAPY

(619) 838-4551 lornahechtmft@gmail.com, ThinkingNeuro@lornahecht.com

8885 Rio San Diego Drive, Suite 106, San Diego, CA 92103

CLIENT INTAKE (One Form Completed by Each Client)

Date _____

Name _____

Birthdate _____ Age _____

Address _____

City/State/Zip _____

Phone _____

E-Mail _____

Occupation _____

Spouse/Partner _____

Physician _____ Phone# _____

Current Medications and Dosages including nonprescription

Names and dates of previous psychotherapy _____

How did you find my name? _____

Are you or is anyone in your family currently in treatment with another mental health provider?
If so, what for?

Person to be contacted in case of emergency:

Name: _____

Relationship: _____ Phone#: _____

THERAPEUTIC CONTRACT

The Therapy Process: Participating in therapy can result in a number of benefits, including a better understanding of one's personal goals and values, improved interpersonal relationships, and resolution of the specific concerns. Working toward these benefits requires effort and may result in emotional discomfort. Change will sometimes be easy and swift, but it can also be slow and frustrating. Attempting to resolve issues between marital partners, family members, and other individuals can also lead to discomfort and may result in changes that were not originally intended. The theoretical perspective used in this consultation is Bowen family systems theory. More information about this orientation is available on www.lornahecht.com and other resources.

Client's Rights: Clients have the legal right to a confidential relationship with the consultant. Within certain legal limits (see below), information revealed during the course of therapy will be kept completely confidential and will not be revealed to any person without written permission. Clients have the right to ask questions about any of the procedures used in the course of coaching/therapy. Clients have the right to terminate therapy at any time without any financial, legal, or moral obligations other than those already incurred.

The consultant has the right to terminate therapy under the following conditions:

1. When coaching is judged either ineffective, or better served by another professional.
2. When two or more sessions have not been paid without prior arrangement.
3. When the client has failed to show up for multiple therapy sessions without a 24- hour notice.
4. If the confidential nature of the clinical relationship has been breached by the client.

If any of these situations apply, a notification will be sent to the address of record.

As life can bring unexpected circumstances, should Lorna be unable to continue as the consultant, Christina Heymoss, LMFT will be in contact to discuss other treatment alternatives.

Confidentiality and Reporting: All information between client and consultant is held to be confidential with the following exceptions:

1. If the client has authorized a release of information by signed consent.
2. If the client presents a threat of physical danger to him/herself or others, or child, elder adult, or dependent adult abuse is reasonably suspected, the appropriate authorities must be contacted.
3. If a court of law issues a legitimate subpoena, California law requires the provision of information specifically described in that subpoena.

4. If a client is in a lawsuit claiming emotional harm, the opposing side may subpoena therapy records.
5. If a client is in therapy or is being tested by order of the court, the results of the treatment or test ordered must be revealed to that court.
6. For couples and families in consultation: If one member of the family or couple shares something with the therapist which is unknown to the other(s), it is acknowledged that such withheld information may radically undermine the potential of the therapeutic work. Therefore, it is up to the discretion of the consultant whether or not therapy should continue under such circumstances. It is also up to the discretion of the therapist whether something disclosed in an individual session will be addressed in a joint session. The preference is that family members will bring relevant material to family meetings and individual meetings held confidential.
7. From time to time, consultation from a peer or mentor is appropriate. In that situation names are not used but some details may be disclosed for the purposes of maintaining a high level of client care.
8. Any record that contains information about more than one person will need written consent by all parties before release to a 3rd party.

CONSENT FOR TREATMENT

I _____ authorize and request that Lorna Hecht-Zablow, M.F.T. carry out psychotherapy and, diagnostic procedures, and/or treatment which now or during the course of consultation are advisable.

FINANCIAL AGREEMENT

I agree to pay for my sessions;

Out of pocket _____ yes/no (circle one) My Fee _____

By insurance _____ yes/no (circle one) My Copay _____

Payment is due in cash or by check at the beginning of each session. Mastercard and Visa are also accepted. I understand I am contracting to pay for completed therapy sessions, or sessions I miss without providing 24-hour notice.

Insurance Reimbursement: I agree to provide all relevant insurance information for insurance billing. I understand Lorna employs an outside bookkeeping service that handles all insurance claims. It is my responsibility to understand the terms of my insurance coverage. I am responsible for all treatment fees in the event insurance does not reimburse in a timely manner or if the terms of reimbursement change unexpectedly. I am responsible for all deductibles and copayments.

(By signing this informed consent I agree to take financial responsibility for any time and effort resulting from Lorna's involvement in a legal case to which I am a party.)

OFFICE POLICIES

Session Length: Treatment sessions are 50 minutes or as otherwise mandated by the insurance provider.

Payment for Service: I agree to pay for services at the time they are rendered unless other arrangements have been made. I will notify the consultant if any problem arises regarding my ability to make timely payment.

Office Hours: If I need to reach Lorna between sessions, I understand I can leave her a message by phone, email or text and my call will be returned as soon as Lorna is available.

Emergency Procedure: An emergency is an unexpected event that requires immediate attention and can be a threat to my health. If an urgent situation arises, I will state this when I leave my message for Lorna. She will return the call as soon as possible, but this is not meant for life threatening situations. If I am experiencing a life threatening emergency, I agree to call 911 immediately. I can also call my physician or admit myself to a hospital for observation.

RESCHEDULE AGREEMENT:

Lorna’s statement

Emergencies happen. However, in the 20 + years I have been in practice, the vast majority of missed appointments or late cancellations are not due to emergency. Missed appointments are costly in several ways: Missed opportunities to work on your goals, missed opportunity for someone else to use your reserved time, missed time and income for the clinician. There is also a breach in the working relationship between client and clinician.

Reschedule Agreement:

If I need to cancel or change an appointment time I have reserved, I will give as much advance notice as possible. I agree to pay \$65.00 for a missed appointment if *for any reason* I have not given at least 24 hours notice. I understand under California law **insurance cannot be billed for missed appointments.** INITIALS _____

I HAVE READ AND UNDERSTAND THE THERAPEUTIC CONTRACT, CONSENT FOR TREATMENT, FINANCIAL AGREEMENT, OFFICE POLICIES and RESCHEDULE AGREEMENT

Date _____

Client Signature _____