

Welcome to Kelly Kaitson Psychotherapy. I'm pleased that you have chosen to take this step and look forward to working with you to facilitate your emotional healing. Information you provide here is protected as confidential information. Please read the following pages carefully and make note of any questions or concerns you may have, so that we can address them together during our session. Please keep a copy of the 7 pages under office policies for your own reference. Gratefully ~ Kelly Kaitson, LCSW

Name: _____ Birth Date: ____/____/____

Full Address: _____

Home Phone: _____ May I leave a message? Yes No

Cell/ Phone: _____ May I leave a VM? Yes No May I text you? Yes No

Email: _____ May I email you? Yes No

*Note: Email correspondence and texts are not guaranteed as a confidential method of communication. If you choose to use it please limit to details like scheduling and know that by checking the boxes you are allowing its use. ***Please initial here:** _____

Referred by/how did you find me? _____

*Note: Chances are you are coming to me because you were referred by a friend. I want you to know that I trust the confidentiality of our relationship and will never disclose any information back to the person who referred you. It is also very likely that you will in turn refer more clients to my practice and understand that I will protect the confidentiality of those relationships as well.

Purpose / goals of seeking counseling at this time

Have you previously received any type of therapy or mental health services (psychotherapy, psychiatric help, counseling, self-help, etc.)?

No Yes, previous therapist/practitioner and time table: _____

Describe that process and if it was helpful:

What is your highest level of education? _____

Are you currently in school, employed or retired? No Yes What is your Occupation?

Do you enjoy your work? No Yes Is there anything stressful about your current work?

Relationship Status:

Single Cohabiting/Domestic Partnership Married Separated Divorced Widowed

Any children/ages: _____

Are you currently in a committed relationship? No Yes If yes, for how long? _____

On a scale of 1-10, how would you rate your relationship? _____

Do you identify as straight, gay, bisexual, transgender?

Describe any issues:

Rate your current physical health? Poor Unsatisfactory Satisfactory Good

Describe your health and exercise habits: Approximate date of last physical exam?

Which substances do you use? Alcohol Caffeine Nicotine Marijuana Opiates

Methamphetamines Cocaine Inhalants Other _____ CURRENT PAST

Please describe: _____

Are you an active duty military service member or veteran? Yes No

If Yes, please tell me what branch of service you served in and how long? _____

Did you serve in times of conflict? Wars? _____

Please describe your experience in the military:

Describe current sleeping habits Poor Unsatisfactory Satisfactory Good

Describe any sleep problems you are experiencing:

Describe any difficulties with your appetite or eating patterns:

What hobbies, interests, or exercise, if any, do you participate in?

Are you currently experiencing anxiety, panic attacks, obsessions, compulsions, fears, phobias?

No Yes If yes, when did you begin experiencing this? _____

Describe: _____

Are you currently experiencing sadness, grief, depression? No Yes If yes, how long?

Describe _____

Have you had or are you currently having thoughts of harming yourself? No Yes If yes,

Describe _____

Have you had any suicide attempts? No Yes: If yes, describe circumstances/dates:

Are you currently experiencing any acute or chronic pain? No Yes If yes, describe:

Are you currently taking any medication including psychiatric meds? No Yes Please list medication(s) & who's prescribing it: _____

Have you ever felt you needed to cut down on your alcohol or drug use? No Yes

Has anyone criticized your use or shared concerns about it? No Yes

Have you felt guilty, worried, or stressed about your drinking or drug use? No Yes

Describe any alcohol or drug related details or concerns: _____

Describe, if any, other addictive or compulsive type (internet, excessive gaming, gambling, sex, shopping, substances) behaviors? _____

How would you describe your uses of technology or online time and experiences? _____

What significant life changes or events have you experienced?

In the section below identify if there is a current or past history of any of the following or if you have been diagnosed as such. Explain if yes.

Have you ever been hospitalized for psychiatric treatment? No Yes

Alcohol/Substance Use Disorder No Yes _____

Anxiety No Yes _____

Depression No Yes _____

Domestic Violence/Abuse No Yes _____

Eating Disorders No Yes _____

Schizophrenia No Yes _____

Suicide/ Attempts No Yes _____

Obsessive Compulsive Behavior/OCD No Yes _____

Borderline Personality Disorder No Yes _____

Bi-Polar Disorder No Yes _____

Others? No Yes _____

Has anyone in your family had these issues? No Yes If so, please describe: _____

Have you ever been abused? No Yes emotionally, physically, sexually

Describe your childhood: Traumatic Painful Uneventful Happy Other _____

Describe any traumatic experiences in your childhood: _____ Age when occurred: _____

Where born/raised? _____ Siblings: # brothers _____ # sisters _____

Birth order? _____ Who primarily raised you? _____

Do you consider yourself to be spiritual or religious? No Yes If yes, describe your faith or belief:

What do you consider to be some of your strengths or areas in your life that are going well?

What do you consider to be some of the areas you need to improve?

What do you hope to accomplish out of your time in therapy? _____

What may happen if you don't improve/address the issues that brought you here?

How will you know therapy is working? Is there anything specific you want as an outcome?

Is there anything else I should know about your story, history, or situation?

Keep a copy for yourself of the next 7 business related pages

OFFICE POLICIES/PRACTICES: *Please review carefully. Initial each box as you read/agree to it.*

_____ **Informed Consent:** Participation in counseling can result in a number of benefits, including improving interpersonal relationships and resolution of the concerns that led you to seek therapy. Working toward these benefits requires effort on your part and your active involvement, honesty and openness in order to change. I will ask for your feedback and views on progress and other aspects of the therapy and expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a situation. Remembering or talking about unpleasant events, feelings or thoughts can result in you experiencing considerable discomfort or feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. I may challenge some assumptions or perceptions or propose different ways of looking at, thinking about, or managing situations that may feel upsetting or you may feel challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, work, substance use, school, or relationships. Sometimes a decision that is positive for one family member is viewed negatively by another family member. Change will sometimes happen quickly, but more often takes time and patience on your part. There is no guarantee that counseling will yield positive or intended results. During the course of therapy, I may utilize therapeutic approaches according, in part, to the problem that is being treated, your choices, and feedback, and my assessment of what may benefit you. These may include but are not limited to supportive, cognitive-behavioral, psychodynamic, system/family, developmental, mindfulness, EMDR (Eye Movement Desensitization and Reprocessing) or psycho-educational.

_____ **Confidentiality:** All clients sign and agree to confidentiality/HIPAA guidelines that are available for your review indicating that I follow standards as a Licensed Clinical Social Worker to protect the privacy of your personal information. All info is kept private and confidential unless you provide written and specific authorization to share it such as if you need me to speak with your physician or another therapist.

Exceptions include: threat of imminent serious harm to self or others, suspected abuse of a minor, elder or disabled adult, a valid court order, in the event of a circumstance requiring immediate medical

attention. I also request your permission to call your emergency contact person in the event that your health or safety is in jeopardy. Only the minimum amount of information necessary to assure safety will be released. ***Emergency Contact Name/Relationship** _____

Phone Number: _____

_____ **In couples and family therapy,** or when members are seen individually, confidentiality does not apply between the couple or among family members. I will use my clinical judgment when revealing info. I will

not release records to any party unless I am authorized in writing to do so by all adults who were part of treatment unless compelled to do so by law/valid court order.

If coming for family or couple's therapy please sign below that you agree to the confidentiality limits and understand that I won't withhold info between parties involved in treatment.

***SIGN HERE if coming as a couple/family and you agree** _____

_____ **Confidentiality of email & text communication:** If you choose to email or text me, please limit the contents to issues such as cancellation or change in appointment time. Email and text messages are not guaranteed confidential. Occasionally I may send you an article or link that might be useful. If you choose to communicate with me this way, you do so understanding that I cannot guarantee that these modes of communication are confidential. For this and other ethical reason, I do not accept invitations from current or former clients via social networking sites such as Linked In, IG, or FB.

_____ **Consultation:** On occasion, I may need to consult with licensed professionals regarding my clients when doing so might improve the outcome for the client. The client's name or other identifying information is never disclosed. The client's identity remains anonymous and confidentiality is maintained. If I am on vacation, I may also need to share such info with the licensed therapist "covering" for me.

_____ **Insurance:** I do not take insurance but I am an out of network provider. Most of my clients choose not to use their insurance for counseling as they prefer the choice, control, and confidentiality of a premium counseling service that is not under contract with managed care. If you choose to use your insurance, please note that a mental health diagnosis is necessary on the form for reimbursement. I can provide you with a receipt that you can submit to your plan for out of network reimbursement. This is provided on a monthly basis for any sessions occurring over the month but can be requested more or less frequently. You are responsible for thoroughly checking your benefits and what percentage of the fee, if any, you may be reimbursed by your plan.

_____ **Fees:** I accept cash or check, **(either is preferred)** or VISA, Discovery, AE, or MC via my billing system Ivypay. Please fill out the form for credit card use that all clients complete even if they intend to usually use cash or a check. This allows use as a backup if you forget your payment or for a late fee.

Regular therapy sessions are 50 minutes which is considered a therapeutic hour. Session fees are \$150.

I also offer 85 min sessions if a longer session is indicated or requested. Fee is \$200. This may work best for clients who want a jump start on the process or those who cannot attend on a weekly or regular basis or those who are processing trauma and EMDR is indicated. If requested, the initial session can be one of these longer versions if appropriate and agreed to ahead of scheduling.

Sometimes a phone or video session using a free confidential platform, Doxy.me, is appropriate as an option on a regular or occasional basis due to challenges such as work travel or illness.

Please have payment ready so as not to use your session time writing checks, etc.

_____Late Cancellation: If you need to reschedule, please call me as soon as possible. Unlike Doctors who can overbook and may spend 15 min. per patient, therapists need to block a full hr. Since I hold a spot for you making it unavailable to another client, if less than 24 hrs. is provided you will be charged \$75. If you do not show for a scheduled appointment without a cancellation call, you will be charged full fee \$150 for the missed session. I feel this is fair since it is customary to charge full fee for late cancels in our area and mine is only half. All reschedules or cancellations need to be done through confirmed communication so sending an email is not acceptable. I may make an exception to the late fee based on the circumstances and/or if we are able to reschedule to another time that same week.

_____Litigation Limitation: Due to the nature of the therapeutic process and that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, you agree that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding. However, if my appearance at court is required by law and you signed a release form allowing this, my fee is \$2,500 per day and must be paid in full 30 days prior to the expected court date.

_____Duration and Termination: Most clients come weekly. Committing to and prioritizing that time is ideal. Occasionally, people attend therapy more often. Others may reduce frequency once things improve. Longer sessions are an option for those looking to get a jump start or if there's a need for more intensive work for a set period of time. Extended sessions can be helpful for busy clients or couples who have trouble coming in weekly or who need or request more focused work.

About half of my clients come for a few months until they get back on track. This is considered shorter term counseling. Some clients use therapy for a period of time, take a break, and return when they are ready or need to do more work. About half of my clients benefit from longer term counseling. They may have long standing issues, difficult childhood or recent experiences, on-going stressors in their career, relationships, health, recovery, or families, or multiple issues that require a lengthier counseling process.

Sometimes it becomes clear that a different approach or level of care is best or necessary. If I initiate terminating therapy with you, it will be because I feel that I am not able to be helpful or a higher level of care is indicated. My ethics and license requires that I have my clients' needs as primary in treatment planning. If I no longer feel that I am the right resource for you, I will offer thoughtful referrals to other sources of care, but cannot guarantee that they will accept you or how they'll approach your treatment

needs. Once you have stopped attending you are no longer under my care and our therapeutic relationship will be ended unless you reinitiate treatment with me.

Ending therapy well is important to me. Length of counseling varies and is up to the client, however, please let me know if you feel ready to complete this course of counseling so that we can have 1-2 wrap up sessions to solidify gains you've made and to discuss recommendations to maintain progress. Often when we approach ending, clients choose to switch to monthly sessions for 3 months then reassess if they are ready to end or continue less frequently. I am open to working with you to find what is best.

_____ **Telephone & Emergency Procedures:** At times, phone contact is necessary between sessions. Clients are encouraged to keep phone contacts brief, if possible, and to address issues during your regular therapy session. If you need to speak with me between sessions, please call 760-415-0085. Your call will be returned as soon as possible. I am in solo private practice, not part of a group clinic, so if an emergency requires immediate attention, you agree to call the National Suicide Hotline at 800-784-2433 or 911, contact a crisis hotline (Access and Crisis Line 888-724-7240), or go to a hospital emergency room.

_____ **HIPPA:** I understand that Kelly Kaitson, LCSW adheres to the privacy practices outlined in the HIPPA National Providers policy available for my review. Typically state and license confidentiality regulations are far more stringent so the most restrictive standard is adhered to for counseling.

Do you want a monthly receipt to submit for out of network reimbursement? Yes No

I have read, asked any questions, and accept the above policies and HIPAA info:

***SIGNATURE _____ DATE _____

NOTICE OF RECEIPT OF PRIVACY PRACTICES

- I acknowledge that I have been informed of the Notice of Privacy Practices for Kelly Kaitson, LCSW.
- I understand that the Notice of Privacy Practices discuss how your personal health information may be used and or disclosed, my rights with respect to health information, and how and where I may file a privacy-related complaint.
- I acknowledge that I have received a copy of the Notice of Privacy Practices for Kelly Kaitson LCSW
- I understand the terms of this notice may be changed in the future and that, if this occurs, such changes will be provided to me by Kelly Kaitson, LCSW.

Signature: Consumer/Legal Guardian

Date

Please complete last page below.

KELLY KAITSON, LCSW

CREDIT CARD AUTHORIZATION

If you have questions or concerns regarding any part of this fee structure or billing/payment policies, please discuss these with me as soon as possible. This form will be securely stored in client's clinical file and updated upon request at any time.

Below is necessary even if you do not intend to use a cc payment so I may have a backup for any missed session fees, forgotten payments, etc. **(a deposit check in the amount of one full session can be left in lieu of credit card info)**

By signing this agreement, I am authorizing Kelly Kaitson, LCSW to bill my credit card for professional services rendered to the "Client" that are not paid at the time of service, or for situations which fall under the late cancellation policy. I agree that I will not dispute valid charges, which may include:

- A missed session fee of \$65. if the client has not cancelled or rescheduled with confirmed 24 hrs. notice, as outlined in the cancellation policy, or full fee of \$130 if client does not show for an appointment and has not confirmed a cancellation.
- Telephone contact in excess of that usually associated with services, prorated at my regular hourly rate, with prior notice given before any charges are incurred, this may include phone contact in excess of 15 min.
- Checks that are returned will incur the check amount and an additional \$14.bank fee

Credit Card Type (circle one): Visa . MasterCard . Discover. AE. Is this an HRA/HSA type cc? Yes No

Number: _____ Expiration Date _____

Name as printed on card: _____ Billing Zip Code: _____

Please initial each of the following authorizing:

_____ Recurring charges for services per visit outlined in fees policy. I may opt out at any time by using cash or a check

_____ Half Fee Cancellation fee for less than 24 hrs. confirmed notice; or if a session is missed without notice the full fee will be charged

_____ I will not dispute legitimate charges for sessions I have received, appointments missed or without confirmation of 24 hr. notice, or charges due to a returned check

_____ Balances not paid within 5 days will be charged on the credit card unless we've made other arrangements

Signature _____ Date: _____

NOTICE TO CLIENTS The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical

social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.