

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Phone (w): \_\_\_\_\_ Phone (h): \_\_\_\_\_ Phone (c): \_\_\_\_\_

Do you accept texts?      Yes                      No

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

Referred by: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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1. Fee: The fee for a \_\_\_\_\_ minute session is \$ \_\_\_\_\_ and is due at the beginning of each session. The fee is subject to increase each year.
2. Qualifications: Nicole Weiss is a licensed clinical social worker and works with individuals, couples and groups.
3. Therapeutic Relationship: The general goal of therapy is the desired change presented to the therapist by the client. Whereas the client relies upon the therapist through her education and experience to assist in change, the therapist, in turn, relies on the client to solely provide the motivation for that change. During the course of psychotherapy, material discussed may be upsetting in nature and this may be necessary to help resolve problems. There is no assurance that you will feel better. However, your experience will be greatly enhanced by your receptivity, your participation, and your commitment.
4. Cancellation Policy: If you are unable to keep your scheduled appointment, kindly notify this office 24 hours in advance. If no 24 hr. notification is received, you will be charged for the appointment.
5. Insurance: Any insurance that you have is a contract between you and your insurance company. Insurance policies vary greatly. Many of them have a specific deductible per year; some will only pay a certain percentage of the total charge; and some do not cover any psychological services. Therefore, I must decline to accept insurance billing as a form of payment. I will gladly provide you with a statement to submit to your insurance for reimbursement. In submitting this statement to your insurance company I may be required to divulge certain information about you and our work together.
6. Emergency Situations: In case of emergency or crisis, the client should CALL THE CRISIS TEAM HOTLINE AT 1-888-724-7240 OR 911 for fastest possible response. DO NOT CALL the office of Nicole Weiss expecting an immediate response for an emergency or crisis situation. The office of Nicole Weiss makes no promise of immediate personal availability or any defined response time via telephone; you are welcome to leave a voice mail in nonemergency situations. Client understands that emailing, Skype, instant messaging, SMS, MMS, and other forms communication by phone, computer, or other device otherwise referred to as "text messaging," video conferencing, " or "instant messaging" are not proper means of communication in an emergency. Do NOT use any method above with the office of Nicole Weiss expecting an immediate response for an emergency or crisis situation. The office of Nicole Weiss makes no promise on the availability of communication via email, instant message, videoconference, or text message.
7. Confidentiality: By law, you are given the right to have your communication with your therapist kept confidential and private. There are three major exceptions when the law requires that confidentiality be

broken: (1) intended homicide, (2) intended suicide, and (3) any indication of child abuse or elder abuse by anyone. In addition, if your are suing someone, being sued, or charged with a crime and you tell your attorney or the court that you are in therapy with me, I may be ordered to show the court my records.

- 8. Phone Calls: Phone conversations may be needed at times in our therapy between sessions. Phone conversations that are therapeutic in nature will be prorated according to our agreed upon session fee.

"I, (client name)\_\_\_\_\_ (please print), have read the above information, and understand the information that my therapy will proceed according to these guidelines. I agree to abide by these financial agreements.

Client Signature\_\_\_\_\_ Date: \_\_\_\_\_

