

KRUGER THERAPY - PARENT OF TEEN/CHILD INTERVIEW FORM

- ALL PERSONAL INFORMATION IS CONFIDENTIAL -

* To be completed by parent / guardian of client. Please print clearly.

Date: _____

Parent/Guardian Name: _____ Female _____ Male _____
First MI Last

Address: _____

(NO P.O. Box) Street & Number Apt# City and State Zip

Home Phone: () _____ O Message ok O No message O No calls

Work Phone: () _____ O Message ok O No message O No calls

Cell Phone: () _____ O Message ok O No message O No calls

Age: _____ Birth Date: _____ Birth Place: _____ SSN: _____

Have you or anyone in your immediate family served in the United States Military? O Yes O No

If yes, how are you related to that person?

Relationship Status:

O Single O Separated O Divorced O Married O Widowed O Partners

If married, how long? _____ If partnered, how long? _____

If divorced, how long? _____ If widowed, how long? _____

Please list names and ages of your children, if any:

Names & ages of persons **living in your home**, and your relationship to them:

Name of your emergency contact: _____

Emergency Contact information: _____

Home Phone Work Phone Cell Phone

How is this person related to you: _____

CONSENT FORM FOR MINORS

I hereby give Jonathan Kruger Counseling my consent

to meet with: _____

Name of Client

a minor, on a regular basis, for the purpose of psychological counseling.

I give said consent knowing that the Jonathan Kruger Counseling is a Marriage and Family Therapist who is licensed in the State of California.

Date: _____ Signed: _____

Parent / Legal Guardian

Signed: _____

Client/Minor

Address: _____

Telephone: () _____

Parent Questionnaire

1. Please describe the problem(s), symptoms or behaviors that your teen/child is presenting with:

2. Have you ever had a problem like this before?

3. What behavioral techniques have been attempted with the child? Have any been helpful?

4. Have you had to make any special accommodations for the child?

5. Has your teen/child ever been in psychotherapy before?

6. Does your teen/child have any medical conditions that we should know about?

7. Is your teen/child taking any prescription medications?

8. Has your teen/child ever experienced physical, sexual, or emotional abuse?

9. Has your teen/child ever been arrested for a crime?

10. Has your teen/child ever attempted suicide?

11. Has anyone in your family ever attempted suicide?

12. What is your current household living situation?

13. List any and all family stressors that may be impacting your teen/child's behaviors:

14. List any and all of your personal stressors you may be having direct or indirect effect on your

Teen/Child:

INTAKE CHECKLIST

PLEASE INITIAL EACH ITEM TO ACKNOWLEDGE THAT THE INTAKE COUNSELOR HAS THOROUGHLY EXPLAINED THE FOLLOWING ITEMS DURING THIS INTAKE SESSION:

1. _____ | understand that Jonathan Kruger is a licensed marriage and family therapy therapist.

2. _____ | understand that Jonathan Kruger counseling is not a crisis or urgent care behavioral health entity.

3. _____ I understand that if my treatment plan requires a higher level of care than what can be offered by Jonathan Kruger Counseling, I may be referred to an organization or private practice therapist who could better treat my presenting issue(s) and diagnosis.

4. _____ I understand Jonathan Kruger's 24-hour cancellation policy, and I am aware that I am responsible for any fees accrued due to a cancellation less than 24 hours before my appointment.

5. _____ | am aware that Jonathan Kruger's phone number is 310 729-9062 where I may leave my counselor messages in case of a cancellation of appointment or on emergency.

6. _____ Fee acknowledgment: I Understand that my fee based on my ability to pay is \$150.00

7. _____ | understand that Jonathan Kruger has an annual fee re-evaluation, and my fee may change depending on my ability to pay.

8. _____ | understand the California law regarding client confidentiality and the limits to confidentiality in the event of harm to self or others, child or elder/dependent abuse.

9. _____ I understand that my appointments are weekly for a 50 minute session at an agreed upon day and time.

10. _____ I understand that I must pay \$25 for all progress and attendance letters and/or copies of medical records.

Client's Signature _____ Date _____

Counselors Signature _____ Date _____

OFFICE POLICIES & GENERAL INFORMATION

AGREEMENT FOR PSYCHOTHERAPY SERVICES

CONFIDENTIALITY: All information disclosed within sessions and the Written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law.

When Disclosure is Required By Law: Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder, abuse or neglect; or where a client presents a danger to self, to others, to property, or is gravely disabled.

When Disclosure May Be Required by Law: Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by the Custodian of records. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the Couple or among family members. Jonathan Kruger Counseling will not release records to any outside party unless authorized by all family members who were part of the treatment.

Emergencies: If there is an emergency during our work together where your Counselor becomes concerned about your personal Safety, the possibility of you injuring Someone else, or about you receiving proper psychological care, s/he will do whatever S/he Can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, the law permits Jonathan Kruger Counseling to contact the person whose name you have provided on the intake form as the emergency contact, without your verbal or written consent.

Consultation: Jonathan Kruger is a licensed MFT (Marriage and Family Therapist), by law; he/she will consult regularly with licensed mental health professionals regarding his/her clients. He will use your health information to make decisions about the provision coordination or management of your healthcare, including analyzing or diagnosing your condition and determining the appropriate treatment for that condition. **Jonathan Kruger Counseling is a general practice counseling agency and is not a crisis or urgent care behavioral health entity.** Jonathan Kruger Counseling may refer client(s) in need of a higher level of care to other organizations or private practice therapist who could better treat the presenting issue(s) and diagnosis. Confidentiality is fully maintained.

Considering all of the above exclusions, if it is still appropriate, upon your request, Jonathan Kruger Counseling will release information to any agency/person you specify after you complete and sign The Authorization to Release Information Form provided by Jonathan Kruger Counseling.

Telephone & Emergency Procedures: If you need to contact your counselor between sessions, please leave a message at (310) 729-9062. Your call will be returned as soon as possible. Your counselor checks his/her messages a few times a day, unless s/he is out of town. If an emergency situation arises, please indicate it clearly in your message. If you need to talk to someone immediately, you can call Olive View/ UCLA Medical Center at (818) 364-1555 or 9-1-1.

Payments & Insurance Reimbursement: Your out of pocket fee will be determined during the intake based on your ability to pay and is contractually agreed upon at that time to be paid in full at the time of each visit. Your out of pocket fee will be reevaluated as your financial circumstances change. Jonathan Kruger Counseling's full fee for counseling is \$175.00 per session. You will fully cooperate with this process of collection as it pertains to you.

Health Insurance & Confidentiality of Records: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you so instruct Jonathan Kruger Counseling, only the minimum necessary information will be communicated to the Carrier. Unless authorized by you explicitly, the Psychotherapy Notes will not be disclosed to your insurance carrier. Jonathan Kruger Counseling does not have any control or knowledge over what insurance companies do with the information submitted, or who has access to this information. You must be aware that submitting a mental Health invoice for reimbursement carries a certain amount of risk to Confidentiality, privacy, or to future eligibility to obtain health or life insurance.

Legal issues: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), you agree to pay the fee of \$150.00 per hour for any expert witness and/or court appearance made by Jonathan Kruger Counseling on your behalf. Further, you agree to pay \$25.00 per letter written on your behalf for legal, medical, educational, or social Service matters.

Client initial: _____ Counselor initial: _____

CONSENT FORM FOR MINOR AND PARENT(S)/GUARDIAN(S)

I have received and carefully read a copy of the Office Policies and General Information Agreement for Psychotherapy Services. I understand them and agree to comply with them:

Client name (print)	Client Signature	Date
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Parent / Guardian (if client is a minor)	Parent / Guardian Signature	Date
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Parent / Guardian (if client is a minor)	Parent / Guardian Signature	Date
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Therapist name	Therapist Signature	Date
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Comments On fee: _____

CLIENT AVAILABILITY FOR WEEKLY APPOINTMENTS

- *Please circle all hours client can be available to come to counseling.*
- Mon: 9 10 11 12 1 2 3 4 5 6 7 8
- Tue: 9 10 11 12 1 2 3 4 5 6 7 8
- Wed: 9 10 11 12 1 2 3 4 5 6 7 8
- Thurs 9 10 11 12 1 2 3 4 5 6 7 8
- Friday 9 10 11 12 1 2 3 4 5 6 7 8

Comments related to availability and counselor preference:

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When Disclosure is Required By Law: Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder, abuse or neglect; or where a client presents a danger to self, to others, to property, or is gravely disabled.

When Disclosure May Be Required: Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by the Custodian of records. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Jonathan Kruger Counseling will not release records to any outside party unless authorized by all family members who were part of the treatment.

Emergencies: if there is an emergency during our work together where your counselor becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychological care, s/he will do whatever s/he can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, the law permits Jonathan Kruger Counseling to contact the person whose name you have provided on the intake form as the emergency contact, without your verbal or written consent.

Health insurance & Confidentiality of Records: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you so instruct Jonathan Kruger Counseling, only the minimum necessary information will be communicated to the carrier. Unless authorized by you explicitly, the Psychotherapy Notes will not be disclosed to your insurance carrier. JKC has no control or knowledge over what insurance companies do with the information submitted or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance.

Legal issues: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), you agree to pay the fee of \$150.00 per hour for any expert witness and/or court appearance made by a representative of Jonathan Kruger Counseling on your behalf. Further, you agree to pay \$25.00 per letter written on your behalf for legal, medical, educational, or social service matters.

_____ Client initial

_____ Counselor Initial

CLIENT COPY

Health Insurance & Confidentiality of Records: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you instruct Jonathan Kruger Counseling, only the minimum necessary information will be communicated to the carrier. Unless authorized by you explicitly, the Psychotherapy Notes will not be disclosed to your insurance carrier. Jonathan Kruger Counseling does not have any control or knowledge over what insurance companies do with the information submitted, or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance.

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Mediation & Arbitration: All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Jonathan Kruger Counseling and you. The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Los Angeles County, California in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Jonathan Kruger Counseling can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceeding shall be entitled to recover a reasonable sum for attorneys' fees. In the case of arbitration, the arbitrator will determine that Sum.

Cancellation: Since scheduling of an appointment involves the reservation of time specifically for you, a **minimum of 24 hours (1 day)** notice is required for rescheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

Returned Checks: If the bank returns any of your checks made payable to The Center for Individual and Family Counseling unpaid, you will be responsible for the amount of the check and an additional \$25.00 service charge.

Consultation: Jonathan Kruger counseling is a licensed MFT, and by law, he/she may consult intermittently with licensed mental health professionals regarding his/her clients. We will use your health information to make decisions about the provision coordination or management of your healthcare, including analyzing or diagnosing your condition and determining the appropriate treatment for that condition. Jonathan Kruger Counseling is a general practice counseling agency and is not a crisis or urgent care behavioral health entity. Jonathan Kruger Counseling may refer client(s) in need of a higher level of care to other organizations or private practice therapist who could better treat the presenting issue(s) and diagnosis. Confidentiality is fully maintained.

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Considering all of the above exclusions, if it is still appropriate, upon your request, Jonathan Kruger Counseling will release information to any agency/person you specify after you complete and sign The Authorization to Release information Form provided by Jonathan Kruger Counseling.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact your counselor between sessions, please leave a message at **(310) 729-9062**. Your call will be returned as soon as possible. Your counselor checks his/her messages a few times a day, unless s/he is out of town. If an emergency situation arises, please indicate it clearly in your message, if you need to talk to someone immediately, you can call Olive View / UCLA Medical Center at (818) 364-1555 or 9-1-1.

PAYMENTS & FEES: YOUR OUT OF POCKET FEE WILL BE DETERMINED DURING THE INTAKE BASED ON YOUR INCOME DOCUMENTS AND ABILITY TO PAY AND IS CONTRACTUALLY AGREED UPON AT THAT TIME TO BE PAID IN FULL AT THE TIME OF EACH VISIT. THE INTAKE FEE IS A NONREFUNDABLE ONE TIME FEE. Your out of pocket fee will be re-evaluated as your financial circumstances change. Jonathan Kruger Counseling's fee for Counseling is \$150.00 per session. You will fully cooperate with this process of Collection as it pertains to you.

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Client initial

Counselor initial