



The Place Within Counseling
530 Plaza Drive, Suite 130
Folsom, California 95630
(916) 799-1644

New Minor Client

Today's Date Child's Name Date of Birth

Street Address City Zip

School Grade Who lives in home with Child?

Current Medications Previous Counseling? No Yes

Parent/guardian(s) name(s) Cell #

Home # Work # Child's Cell #

Emergency Contact (besides parent/guardian) & # Relationship to Minor

Activities Child Enjoys

Siblings of Child (Names & Ages):

Reason for seeking counseling: _____

Goals for counseling: _____

Please note that it is often beneficial to see the whole family in order to help your child and we appreciate your willingness to participate in the counseling process.

Confidentiality:

What is revealed in this setting is protected by professional and ethical standards. All material is confidential and not released without your written consent except information related to suspected child abuse, elder or dependent adult abuse, threatened homicide or suicide or if a court of law orders the release of specific information.

Our Counselors:

Counseling is provided by individuals who are in training to become licensed Marriage and Family Therapists. They are supervised weekly by a licensed therapist. During these supervision meetings, your information may be discussed between counselors and with the supervisor in an effort to gain understanding and build skill and knowledge related to marriage and family therapy.

Fees and Payment

Your fee is based on a sliding fee scale according to your ability to pay. The fee is determined by your average monthly income. Payment of fees will be due at each session. Cash, check and debit/credit cards are accepted. There is a fifteen-dollar (\$15.00) service charge for all checks returned by the bank.

Cancellations:

Cancellations must be made 24 hours in advance. If an appointment is cancelled or missed without 24 hours notice, you will be charged your usual session fee for that missed session.

Your Session:

Your session is 50 minute hour. Hour and a 1/2 sessions are available for couples or EMDR processing.

Physical Examination:

We strongly recommend that each client obtain a thorough physical exam prior to commencing therapy. This is especially important if you are suffering symptoms of anxiety or depression, headaches, and/or weight gain/loss. Symptoms may be biologically caused.

Telephone, Text and Email Policy:

Generally we ask that clients reserve discussing problems that arise between sessions for the next scheduled appointment time. We encourage you to use resources you have and to reach out to your support system. Unless there is an emergency, our schedules do not permit us to talk on the phone, respond to lengthy texts or answer emails in between sessions. If you feel the need to text or email information beyond the routine scheduling of appointments, we will wait to discuss the content in our next scheduled session. If telephone calls are necessary for a client emergency, please schedule a time for a telephone consultation, which will be charged at our regular rates (In 15-minute segments). Please do not text anything other than appointment times as confidentiality cannot be guaranteed with texting or emailing.

Your Counseling Experience

Counseling is a unique and highly individualized experience. It is an opportunity to learn about your self, your relationships and the world around you. Most people seeking counseling are hoping for improvement in at least one area of their life and this is definitely possible through dedication and consistent counseling sessions. Although you may want immediate relief, it is common for symptoms to get worse before they get better. Remember that it took time for your problems to develop and it may also take time for you to begin to feel better.

Counseling involves change, which may feel threatening, not only to you, but also to those people close to you. The prospect of giving up old habits, no matter how destructive or painful, can often make you feel vulnerable. At the same time, counseling

can aid you in discovering tools and techniques, which can be utilized to improve the quality of your life and relationships. As the person involved in this process, you have the right to ask your counselor questions about his/her professional experience, background and theoretical orientation.

Emergencies:

Counseling services are available only during scheduled office hours. In a crisis, you may utilize the Sacramento County Mental Health Crisis Service (phone: 916-875-1000)

Name _____ Date _____

Signature _____

If Minor, Guardian _____

CREDIT CARD AGREEMENT

Please note: new clients are required to keep a valid credit card number on file. Please complete the following information and provide your credit card to the therapist at your initial session.

CC Type: MC Visa Amex Other _____

Name as shown on card _____

CC Number _____

Expiration Date _____

3-digit security code on back of the card _____

Billing Zipcode associated with the card _____

This card may be charged for:

Regular session fees (at your request, as a convenience to you)

Fees for cancellation without 24 hours notice (according to PTC Policy)

Delinquent session fees (fees more than 30 days overdue)

Agreement:

“I _____ (print name) have read and understand the terms of providing my credit card to the Place Within Folsom. I understand that my credit card may be charged for the reasons indicated above. Any questions I have about this practice have been answered.”

_____ (Signature) _____ (Date)

Consent to Treat a Minor

The undersigned is the responsible parent or legal guardian and hereby authorizes The Place Within Counseling and its Marriage & Family Therapist Interns and Trainees to provide counseling to the minor stated below. Also, the parent or legal guardian understands that while a therapy session is a 50 minute hour, some young children benefit from shorter sessions. In either case, the parent or legal guardian recognizes that the transportation to and from, and the supervision of children before and after sessions are the sole responsibility of the parent or guardian.

Print Name of Minor

Date

Parent/Legal Guardian Signature

Date