

Christian Glasgow, PsyD, LMFT
LMFT #45931
790 E. Santa Clara St. Suite 101A
Ventura, CA 93001
805.612.5293

(Alternate office spaces available in Santa Barbara, Los Angeles, San Diego, and Electronic therapy via Skype)

CLIENT INFORMATION AND CONSENT FOR TREATMENT

The purpose of this document is to clarify the limits and structure of our therapeutic relationship. Please read this information carefully and make note of any questions so that they can be discussed. Questions regarding any aspect of the agreement are welcome.

BENEFITS, RISKS AND ALTERNATIVES TO TREATMENT

By entering therapy you have chosen to undertake a significant step in your life, a decision which may not have been easy for you. While the benefits of therapy are well known, in the process of your personal work you may experience unwanted feelings such as unhappiness, anger, guilt or frustration. These are a natural part of the therapy process, often providing the basis for change to occur. Important decisions are often a result of therapy. These decisions, including changing behavior, exploring employment options, substance abuse patterns, schooling or relationships, are likely to produce new opportunities as well as unique challenges. Often too, what is considered positive for one member of a family may be viewed quite negatively to another family member, and a risk of therapy may be a relationship separation.

Success may vary depending on the particular problems being addressed. Although there are no guarantees, commitment to the process should help in a positive outcome. Therapy requires a very active effort on your part, and I as your therapist will use my knowledge and experience to help you through the work. Lasting therapeutic change happens over a period of time in the company of a therapist one respects and trusts. Our work together may be short term to help resolve a transitional crisis, or it may be long term if deeper change is desired. Let us continue to discuss those options.

RELATIONSHIP

I believe that if a patient is not comfortable with a therapist at the first meeting, it may be that there is a mismatch. If this occurs at the beginning or at any time, please let me know and I will attempt to give you names of other mental health professionals with whom you might prefer to work. On the other hand, it may be that we need to discuss your goals and your expectations of me, so that we may develop a treatment plan together. If there is an issue between us at any time during the course of treatment, please bring it up so that it can be explored. Your feelings about whether you are comfortable working with me are an important part of the process.

When it is time for our work together to come to an end, please allow at least a full session for the closure process. It might be that I would advise you that there are risks to premature termination of therapy, or on the other hand, that I would agree with your opinion and extend an invitation to return to work with me at some later date. While therapists are not in a position to have a social or personal relationship with patients, open communication between us is a vital part of the therapeutic process.

OFFICE PROCEDURES

Therapy sessions are 50 minutes. My standard fee is \$150 per standard therapy session, (CPT code 90837) although your actual payment may vary depending on your insurance contract and co-payment schedule. In other words, if I have a contract with your insurance company, their fee schedule may vary but you are only responsible for the deductible and co-payments (unless you miss an appointment without 24 hour notice.) If you have a PPO, you will pay me the full fee and I will provide you with a receipt so you can be reimbursed by the insurance company.

You are responsible for contacting your insurance plan to determine their fee/deductible/copayment schedules and for paying your deductible and any portion of fees that are not otherwise covered by insurance. Many insurance companies require prior authorization to see a therapist, so be sure you handle that in advance of our appointment or you may have to pay the fees yourself if they refuse. Payment is to be at the time of service, unless other arrangements are made with me in advance.

If it becomes necessary for me to prepare documents, consult or testify in a legal proceeding on any basis whatsoever, a separate schedule of fees applies, which fees must be tendered to me in advance. I require expert witness fees for any and all time spent in legal matters. Please ask to see the schedule. I am only available to testify on days I do not normally see patients, so please discuss this with me in advance as well.

Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of **24 hours notice is required for rescheduling or cancellation or an appointment**. A no-show fee of \$50 will be charged for missed sessions without such notification. Third party payments (insurance) usually don't cover missed appointments, and so the fee will be your responsibility.

Cancellations can be made by calling **805-612-5293**, or by **email to christianglasgowmft@gmail.com**. The answering machine will automatically record the time of your call. Appointments may be made by calling the phone number directly and I will return your call as soon as possible.

Phone calls other than to make or cancel appointments will be charged on a pro-rated basis the same as if they were in the office. However, discussion during a crisis will be at a maximum of 5 minutes or less without a charge. Other services such as report writing, attendance at meetings, authorized consultations, preparation of records or other services you may require are also billed on a prorated basis. There is a charge for all returned checks. In case of non-payment I retain the right to pursue legal means to collect; my attorney and fees will be paid by you.

I reserve the right not to meet with anyone who is under the influence of mind or mood altering drugs that have not been prescribed by a physician. If you arrive for therapy "under the influence" you will have to pay for that session even if ended early.

AFTER HOUR EMERGENCIES

If you do not feel safe, or are in danger of hurting yourself or someone else, **call 911 or the Ventura County crisis line 805-652-6727**. You may also call your physician or go to nearby hospital emergency room. Then also call my cell phone number at **805-612-5293** and I will call you as soon as possible.

I do want to receive your call, so please call my numbers listed above. If I cannot answer immediately, please leave a message with much detail, not forgetting to give me the telephone number you are calling from, and I will get back to you as soon as possible. If using a cell phone, please repeat the phone numbers in case there was static on the line.

If I am away on vacation, there is always a licensed therapist on call for urgent situations that cannot wait for my return. My telephone message will have instructions, and the name and phone number of the covering therapist.

CONFIDENTIALITY

The confidentiality of communications between the patient and therapist is important, and in general, is legally protected. However there are some exceptions. No information will be released without your consent unless mandated by law. Examples include but are not limited to danger to self or to others, child abuse or endangerment, elder abuse or other situations where in the therapist's judgment it is necessary to warn or disclose. If you are involved in a lawsuit, file a complaint, or if an officer of the court issues a subpoena to me, there are situations in which I must release information.

If you are using insurance to pay for therapy, you are automatically releasing information to the insurance company, House Medical Billing, and are agreeing to hold harmless Christian Glasgow from any departure to confidentiality that may result. Insurance companies often require you to authorize me to provide clinical information, a diagnosis and a treatment plan or summary. I will do everything I can to guard confidentiality, but I have no control over information once it has passed from myself to another with your consent or by law.

In the event group therapy services are provided, it is acknowledged that I cannot be held responsible for a breach of confidentiality on the part of a group member. A separate agreement may be put in place in case of a Collaborative Process dispute resolution. I also may find it helpful to consult on your case with other professionals, omitting your name and identifying data. Such consultations are also legally bound by laws of confidentiality.

CONSENT TO TREATMENT

I have reviewed the information in this agreement and have had my questions answered to my satisfaction. I accept, understand and agree to abide by the contents and terms of this agreement, and consent to participate in treatment by Christian Glasgow LMFT. I understand that I can stop services from Christian Glasgow LMFT at any time. I have also received a copy of the *Patient Bill of Rights*, and a copy of this agreement for my files. I authorize release to Marriage and Family Therapist Christian Glasgow and sovereign patient insurance company

Patient Name (Print): _____

Patient Signature: _____ Date: _____

Minor patient, parent or guardian signature: _____

Relationship to Patient: _____

Reviewed by: _____ Date: _____

Christian Glasgow, PsyD, LMFT

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NEW CLIENT INTAKE FORM

Please **print your answers** and **bring all pages** to your first session

This questionnaire is intended to provide some basic information and history that may be helpful in your psychotherapy. Completing it in advance of our first session will ensure that we can better use the actual session time for our work together. Please feel free to ask me any questions that come up in the course of filling out the questionnaire when we meet.

Please try to answer every question carefully, taking the time to search for needed numbers or addresses needed to give complete information. If you are not sure of exact dates, write *est.* and your best estimate. If there is not enough space on the form to answer a question completely, please give the additional information on the back of the sheet.

NEW CLIENT INTAKE FORM

Please **print** answers, **sign** and **bring** all pages to your first session.

Name:				Date:	
Age:	DOB		SSN: - -		
Sex	Male	Female	Other	Referred By:	
				Primary doctor <input type="checkbox"/> Friend <input type="checkbox"/> Insurance <input type="checkbox"/> Internet <input type="checkbox"/> Other:	
Address					
City		State	Zip	Email	
Conatct Info				<i>May we leave a message?</i>	
				YES	NO
Home Pone					
Cell Phone					
Work Phone					
Emergency Contact Information					
Name			Phone	Relationship	
Name			Phone	Relationship	
Marrital Status: (Circle one)	Married	Partnered	Spouse/Partner Name:		
	Single	Separated	Divorced	Widowed	
Do you have Children?	No	Yes	At home	Out of the home	Other
Child Name:				Age:	
Child Name:				Age:	
Child Name:				Age:	
Child Name:				Age:	

NEW CLIENT INTAKE FORM

Insurance Information			
Primary Insurance:		HMO PPO EPO HRA	
ID#	Group #		
Employer:			
Subscriber Name	DOB	SSN	
Claims Address	City	State	Zip
Eligibility Phone	Claims Phone		
Secondary Insurance:		HMO PPO EPO HRA	
ID#	Group #		
Employer:			
Subscriber Name	DOB	SSN	
Claims Address	City	State	Zip
Eligibility Phone	Claims Phone		
Do you plan a Worker's Compensation claim?		NO	YES
Do you have or do you plan any other law suit?		NO	YES
If Yes for either question, provide information here:			
Current Occupation:		Current Employer:	
Prior Occupations:			

NEW CLIENT INTAKE FORM

Medical Information			
Primary Doctor:	Phone:	Referral Report (<i>Office Use</i>): Y N	
Has any physician prescribed medication for you for mental or emotional problems?		No	Yes
<i>If Yes, give dates, name/type of medication, and name phone of prescribing physician below starting with most recent first.</i>			
Medication	Date Given	Prescribing Doctor	Doctor's Phone
Are you currently on any alternative treatments for psychological problems? Give details here:			
What other medications are you currently taking?	Dosage/Frequency	Treatment for what problem?	
If you have a history of chronic or recurrent health problems, give information here:			
Have you ever been admitted to the hospital, give details here:			

NEW CLIENT INTAKE FORM

Take your time completing the following questions. You might find it somewhat uncomfortable answering some of the questions, but do your best anyway. Feel free to use the back of this page if you need additional room to write. If you find yourself unable to answer all the questions, just bring the papers to our first session and we will work on them together.

Personal History (Cont.)		
As an adult, have you experienced physical/sexual abuse?	NO	YES
<i>If Yes, please explain:</i>		
As a minor under age 18, have you experienced any physical or sexual abuse?	NO	YES
<i>If Yes, please explain:</i>		
Do you drink alcohol?	NO	YES
<i>How much, and how often do you drink?</i>		
If Yes, does your drinking ever interfere with work or relationships with people?	NO	YES
Do you use any drugs or medications, other than as prescribed (such as marijuana, opiates, cocaine, speed, pain killers, psychedelics.)	NO	YES
<i>If yes, describe all substances used in last year, how much and how often you have used them.</i>		
Have you ever sought treatment for drug or alcohol abuse?	NO	YES
<i>If Yes, please explain:</i>		
Do you have any other addictions or problem behaviors?	NO	YES
<i>If Yes, please explain:</i>		
Have you ever been arrested?	NO	YES
<i>If Yes, please explain the circumstance and where and when this took place?</i>		
Are you at risk of being a danger to yourself or another?	NO	YES
<i>If Yes, please explain:</i>		

Personal History (Cont.)			
Do you have a history of being a danger to yourself or another?		NO	YES
If Yes, give details here and list the person (s) & phone number(s) here:			
Have you been hospitalized for mental or emotional difficulties?		NO	YES
If Yes, give details here:			
Has anyone in your family (parents or siblings) had an emotional or substance abuse problem?		NO	YES
If Yes, please explain:			
Have you ever been in psychotherapy or counseling of any sort before?		NO	YES
If Yes, please give dates, names, phone numbers and addresses of therapists below			
Date	Therapist	Address	Phone
If you have been in psychotherapy before, was it helpful?		NO	YES
If Yes, how?			
If No, what was <i>not</i> helpful?			
Describe briefly the problems (s) that bring you into therapy now.			
What are your main complaints?			
Is there anything I need to know that has not been asked?			

(For therapist only)

- ☐ Client given fact sheet discussing general effects of chemicals on health and well-being.
☐ Therapist discussed general effects of chemical use on health and well-being.

Intake Reviewed by: _____ Date: _____

Christian Glasgow, PsyD, LMFT

CONSENT FOR RELEASE OF INFORMATION

I, _____
(print your name) (patient or client)

and _____
(clinician/individual/insurance)

and _____
(clinician/individual/insurance)

and _____
(clinician/individual/insurance)

and _____
(clinician/individual/insurance)

consent to exchange relevant medical, educational and psychological information obtained in the course of my mental health/substance abuse treatment with:

Christian Glasgow, PsyD, LMFT
LMFT #45931
790 E. Santa Clara St. Suite 110
Ventura, CA 93001

I understand that this information will be held in confidence, unless otherwise authorized. It is without pressure or coercion that I sign this consent.

Signature _____ Date _____