

Disclosure Statement and Nature of the Professional Therapeutic Relationship

Welcome to my practice. I have prepared this document so that you can be fully informed. Please read it carefully. Although it deals with difficult, anxiety provoking subjects, it is important that you consider it carefully. If you have any questions or concerns, please do not hesitate to raise them in the future.

Our first few sessions will involve an evaluation of your needs, my assessment of my abilities to meet those needs, as well as an opportunity for you to experience working with me. Therapy can involve a large commitment of time, money and energy, so it is wise to be very careful about the therapist you select. If you have questions about my procedures, training, or experience, we can discuss them whenever they arise throughout the course of therapy.

Since the length of treatment for different problems vary widely among individuals, I cannot give you exact information about the length of your treatment. However I will be happy to discuss your progress and its implications for treatment length at any time during the course of therapy.

Confidentiality Policy

Confidentiality is the cornerstone of the therapeutic relationship. Nothing will be discussed outside of our sessions except for the following if applicable:

1. If I have reason to believe that a child under the age of 18 or an adult over the age of 65 or dependent adult is suffering serious physical, sexual or emotional injury as a result of abuse or neglect. A mandatory exception to the confidentiality agreement states I must file a report with the appropriate governmental agency;
2. If I believe that you are threatening immediate harm to yourself, and you are unwilling or unable to follow my treatment recommendations. A permitted exception to the confidentiality agreement allows me to seek your involuntary admission to an appropriate hospital, or contact a family member or other person who can help protect you;
3. Thirdly, if you threaten physical violence against another person or their property. A mandatory exception (California Civil Code Section 43.92) to the confidentiality agreement states I take reasonable action to protect that person or their property. This can include notifying the potential victim, notifying the police, or seeking involuntary hospital admission;
4. If my records are court ordered by subpoena, I must surrender them.

In the rare event that these circumstances arise, although I am not required to inform you or seek your permission, it is my practice to discuss these matters as fully as possible with clients.

In the event we see each other outside the office, my policy is not to acknowledge you to preserve the confidential nature of the relationship. However, I do welcome you saying hello if you choose to.

I use Square and Stripe, both credit card processing services, to book and/or charge for appointments. My name along with my title will appear on your credit card statements should you use this form of payment. Please understand that that may impact your confidentiality if others in your life have access to your financial records.

Intake Information Sheet

Name: _____ Date: _____

Physical Address: _____ Mailing: _____
(if different)

Email Address: _____ @ _____

Home Telephone: _____ Cell Telephone: _____

Can a confidential message be left at these numbers? Home: **Y** **N** Cell: **Y** **N**

I Am: *Separated* *Divorced* *Widowed* *Single*
Married *Exclusive/Living Together* *Polyamorous/Lifestyle*

Name of Spouse or Partner: _____

Name and # of Emergency Contact: _____

Your Social Security Number: _____

Your Occupation: _____

Psychotropic Medications: _____
& Dosage _____

I Was Referred By: _____ From: *CPS* *Probation* *Court*
Friend *Insurance* *Other*

Goals for Therapy: _____

<i>Children</i>	Full Name	Age	D.O.B.	Foster Care	Live w/ Me	Adopted

<i>For Clients Using Out of Network Insurance Benefits</i>	
Account #: _____	ID #: _____
Date of Birth: _____	Telephone: _____
Social Security #: _____	Plan: _____

Jodi Klugman-Rabb, LMFT, LPC

Marin & Napa Counties

Credit Card Form

In order to guarantee payment, I require that a credit card be kept on file in the case of missed sessions or late cancelations only, in which case the card will be charged automatically.

Card Information		Billable
		\$
	expiration date	
credit card number		
	security code	
name on card		
		Zip Code
Signature		Date

Jodi Klugman-Rabb, LMFT, LPC
Marin & Napa Counties

Abuse History

	Current	Historical
Physical		
Sexual		
Emotional		
Verbal		
Domestic Violence		
Child		
Dependent Adult		

Medical Attention Necessary? Y N _____

Legal Action Taken? Y N _____

Jodi Klugman-Rabb, L MFT, LPC
Marin & Napa Counties

Legal History

Civial Suits	Status	Criminal Suits	Status

Prior Arrests:	Charge	Outcome

Child Custody:	Sole Physical	Joint Physical	50/50
	Visitation	Terms of Visitation:	

Family/Divorce Attorney: _____

Address: _____
Street
City, State
Zip Code

Telephone: _____ Facsimile: _____

Former Spouse: _____ Telephone: _____

Address: _____
Street
City, State
Zip Code

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Marin & Napa Counties

Educational/Occupational History

Highest Degree Attained: _____ Institution: _____

Major Focus: _____

Special Educational Needs: _____

				Date
Prior/Current Expulsions from Schools:	Middle School	Y	N	_____
	High School	Y	N	_____
	University	Y	N	_____

		Date
Prior/Current Releases from Jobs:	_____	_____
	_____	_____
	_____	_____

Current Occupation: _____

Position Held: _____

Occupational Goals: _____

Describe how you get along with authority and deadlines: _____

