wild hope COUNSELING
6400 Canoga Ave., Suite 306 • Woodland Hills, CA 91367 • (818) 631-9608

INTAKE & INFORMED CONSENT - MINORS

Name of Minor Client:			
Age & Date of Birth:			
Address:			
	Street & Number City State Zip		
Minor Client's Cell Phone:		Email:	
Name of Parent/Legal Guardian #1:		Cell Phone:	
		Email:	
Address:			
	Street & Number City State Zip		
Name of Parent/Legal Guardian #2:		Cell Phone:	
		Email:	
Address:			
	Street & Number City State Zip		

Please check "yes" or "no"

Yes	No	
		Therapist may call or leave messages on Minor Client's cell phone.
		Therapist may call or leave messages on Parent/Legal Guardian #1's cell phone.
		Therapist may call or leave messages on Parent/Legal Guardian #2's cell phone.
		Therapist may communicate with Minor Client by email.
		Therapist may communicate with Parent/Legal Guardian #1 by email.
		Therapist may communicate with Parent/Legal Guardian #2 by email.
		Therapist may communicate with Minor Client by text.
		Therapist may communicate with Parent/Legal Guardian #1 by text.
		Therapist may communicate with Parent/Legal Guardian #2 by text.

In case of emergency, contact: Name _____ Phone: _____

Referred by: _____

Custody status, for child client:
▢ Parents married ▢ Joint physical/legal ▢ Sole legal/Joint physical ▢ Sole legal/physical
▢ Other_____

Other family/household members _____

_____

_____

Current prescriptions/medical conditions _____

_____

Reason for seeking Psychotherapy now is_____

_____

_____

Has my child participated in psychotherapy before? ▢ Yes ▢ No

If yes, describe the experience and outcome_____

_____

Confidentiality
It is the law that therapy be kept confidential, unless: You or your child intend to harm yourself or someone else; you or your child say something that raises even the suspicion of child abuse, elder/dependent adult abuse, or it comes to bear the your child is being abused by someone else. In these circumstances, state law requires me to notify the appropriate authorities. Records produced by me are my sole possession, but, at your written request, you are entitled to a summary of these confidential records. After ten years, these records will be destroyed in a manner that preserves confidentiality.

Email, texts, Skype, or Internet sessions, and phone exchanges are not guaranteed to be confidential. By using these means of communication, Client acknowledges/accepts the risk to confidentiality and privacy.

Payment of Fees
My fee for a 50 minute psychotherapy session is $175, payable at the time of service. I do not bill insurance companies, but will provide you with a monthly billing statement, which you can submit for reimbursement.

Cancellation Policy
If you are unable to keep your appointment, please call and cancel as soon as possible. You will be charged-in-full for appointments that are canceled less than **48 hours** in advance. Cancellation notice should be left on Therapist's voicemail at (818) 631-9608. There are a limited number of hours that I am available, and this policy ensures that I can utilize your reserved time. Thank you for your understanding of this policy.

Social Media Policy
Therapist does not interact with clients on internet networking sites (examples include but are not limited to LinkedIn and Facebook). For Client's therapeutic benefit and feeling of safety, therapeutic boundaries are of utmost importance both during and after treatment.

Client Litigation

Therapist will not voluntarily participate in any litigation, or custody dispute in which Client and another individual or entity. Therapist has a policy of not communicating with Client's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Client's legal matter. Therapist will generally not provide records or testimony unless compelled to do so. Should Therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Client, Client agrees to reimburse Therapist for any time spent for preparation, travel, or other time in which Therapist has made herself available for such an appearance at Therapist's hourly rate.

Letter or Document Writing

Therapist generally does not write letters on behalf of clients, and such is at the discretion of Therapist. Please note that document or letter writing pose additional fees (typically billed in half-hour increments corresponding to half Client's hourly session fee).

About the Therapy Process

Psychotherapy is a relationship-based intervention, the results of which are not guaranteed. Sometimes the process of psychotherapy can be uncomfortable or produce unintended outcomes, such as changes in personal relationships (anger, frustration, separation, etc.). When treating a minor, I may need to discuss sensitive issues such as drugs, sexuality, criticisms of family members, and so on. I will use discretion as to the appropriateness of these topics. If at any time, you have questions regarding the process, progress, or goals of treatment, please do not hesitate to ask me. I welcome your concerns.

Availability

My practice is not an emergency-based practice. I am often not immediately available by phone. My voicemail can be reached at (818) 631-9608. I make every effort to return your call within 24 hours, with the exception of weekends, holidays and vacations. If I am unable to return your call, I will leave the phone number of a colleague on my answering machine. If you are in crisis, you may need to use other resources including your family physician, medicating psychiatrist, the emergency room at your local hospital, or by dialing 911 in the event of a serious emergency.

Telephone consultations between office visits are welcome. However, Therapist will attempt to keep those contacts brief due to the belief that important issues are better addressed within regularly scheduled sessions. Client is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than 10 minutes.

Acknowledgement

Your signature below authorizes me to provide you and/or your minor child with psychotherapy. We have discussed confidentiality, fees, cancellations, social media, litigation, letter/document writing, the nature of outpatient psychotherapy, and my availability.

_____	_____	_____
Client Name	Signature of Client (if Client is 12 or older)	Date
_____	_____	_____
Name of Parent/Guardian	Signature of Parent/Guardian	Date
_____	_____	_____
Name of Parent/Guardian	Signature of Parent/Guardian	Date