

INTAKE CHECKLIST

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

_____ I understand that I must give the therapist a 24-hour cancellation notice or I will be responsible for any fees accrued due to a cancellation less than 24-hours before my appointment.

_____ I am aware that I may leave a message for my therapist at (818) 538-9978.

_____ Fee acknowledgment: I understand that my fee based on my ability to pay \$_____.

_____ I understand that the therapist has an annual fee re-evaluation and my fee may change.

_____ I 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.

_____ I understand that my appointments are weekly for a 50 minute session at an agreed upon day and time with a Registered Marriage and Family Therapist Intern.

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

_____ The Office Policies & General Information Agreement page explains in writing what has been verbally explained regarding the items on this checklist.

Client's Signature _____ Date _____

Therapist's Signature _____ Date _____