

ADAM COHEN, PHD.

Confidential Client Information

Welcome to my practice. I want to make the most of each appointment we have together. One way of doing this is for you to write down some basic information in advance of your first appointment. Please fill out the following as completely and legibly as possible. This information is confidential. If you have concerns about the relevance of any information and wish to leave it out, please feel free to do so.

Your complete name: _____

Address: _____

City: _____ Prov/State: _____ Zip/Postal Code: _____

Home phone: _____ Daytime number: _____

Age: _____ Birthdate: _____ Birthplace: _____

Education (grade completed, any postsecondary): _____

Current Occupation: _____

Person to alert in the event of medical emergency: _____

Relationship to you: _____ Phone: _____

Relationship status (circle one): Single Married Partnered Separated Divorced Widowed

Spouse/partner's 1st name: _____ Years in relationship: _____

Children (gender, age): _____

Please describe any significant current or past medical problems: _____

Please list any substances, such as non-prescription drugs or alcohol you currently ingest, as well as the quantity and frequency: _____

Please list any medications you currently take for mental health purposes: _____

Have you had previous psychological care or counseling? Yes No

If yes, did you find it helpful? Please explain.

Have you ever been hospitalized for a psychological difficulty? Yes No

If yes, please give the dates and the nature of the difficulty at the time: _____

In your own words, what is the nature of the concern that you wish to address in therapy?

INFORMED CONSENT

The following information is provided to acquaint you with the policies and procedures of this office and to better assist you in your efforts towards personal growth.

I. Your Rights as a Client

1. You have the right to ask questions about any procedures used during therapy.
2. You have the right to decide at any time not to receive therapy from me, Adam Cohen, PhD. If you wish, I will provide you with the names of other qualified professionals whose services you might prefer.
3. You have the right to end therapy at any time without any moral, legal or financial obligations other than those already accrued.

II. Confidentiality

1. Within certain limits, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your permission. At times therapy may involve participation of more than one family member and/or significant persons. While I will attempt to follow your wishes, I do not guarantee confidentiality among participants in the therapy.
2. There are certain situations in which I am required by law to reveal information obtained during therapy to other persons or agencies without your permission. These situations include:
 - a. If you threaten bodily harm or death to another person. I am required by law to inform the intended victim and appropriate law enforcement agencies.
 - b. If you threaten bodily harm or death to yourself, I will inform the appropriate law enforcement agencies and others (such as a spouse, friend, or an inpatient psychiatric institution) who could aid in prohibiting you from carrying out your threats.
 - c. If you reveal information related to the abuse or neglect of a child, dependent adult, or elderly person, I am required by law to report this to the appropriate authorities.
3. If you are the guardian of a minor or are a minor, please read the following: By signing below, you give consent for me to conduct therapy sessions with the minor listed below. Special care and sensitivity may be required in releasing information to me about certain topics such as substance use and sexual activity. If at any time I believe this minor is in danger of hurting him or herself, you will be notified immediately.
4. Confidentiality cannot be assured for electronic communication such as text messages, e-mails, and faxing. I am not responsible or liable for breach of confidentiality if you choose to communicate with me by these electronic means.

III. Therapy Services and Fees

1. Therapy sessions are billed at an hourly rate (50 minute hour). If you are unable to attend your scheduled appointment, you must call 48 hours in advance or you will be charged the fee for the session.
2. If subpoenaed by you or anyone regarding issues in therapy or evaluation results, there will be a charge for all time spent including preparation time, travel time, time spent waiting in court and testimony.
3. Payments are required at the time of your appointment, unless other arrangements have been made in advance.

4. If you have a counseling emergency and I am not immediately available, please call the Alameda County Crisis Line at (800) 309-2131 or a National Crisis Line at (800) 273-8255.

I acknowledge that I have received, have read (or have had read to me), and understand the "Informed Consent" form for therapy.

Client Signature: _____ Date: _____

Client Printed Name: _____

Client Signature: _____ Date: _____

Client Printed Name: _____