

Lori L. Riddle-Walker, MA
Licensed Marriage and Family Therapist
MFC40306

Office address: 502 W. El Norte Parkway, Escondido, CA
Mailing address: P.O. Box 2907, Escondido, CA 92033-2907
Phone: 760-715-7273 Email: llrwalker@sbcglobal.net

CLIENT INFORMATION

DATE: _____

Name _____ Sex ____ Age ____ Birth date _____

Address _____

City _____ CA, Zip _____

Home phone _____ other phone _____

Email address _____

School attending _____

Current grade _____

PARENT INFORMATION

Mother's name _____

Address _____

Phone _____ cell _____

Social Security # _____

Email _____

Father's name _____

Address _____

Phone _____ cell _____

Social Security # _____

Email _____

INSURANCE INFORMATION

Insurance _____

Name of insured _____ *DOB* _____

Social Security number of insured _____

Employer _____

ID and Group number _____

Medi-Cal number if applicable _____

Medi-Cal card issue date _____

MEDICAL HISTORY

Personal Physician _____ phone _____

Medical problems _____

Medications _____

Psychiatrist _____ phone _____

Diagnosis _____

Medications _____

Medication allergies or other serious allergies? _____

RISK HISTORY

Drug or alcohol abuse? _____ Eating disorder? _____ Abuse victim? _____

Domestic violence victim or witness? _____ suicidal thoughts? _____

Panic attacks? _____ Legal issues? _____

OTHER MEMBERS OF THE HOUSEHOLD

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who may I contact in case of an emergency?

Name _____

Address _____

Phone _____ Relationship _____

Where did you hear about my practice?

If you were referred, may I thank that person? _____ YES _____ NO

Signature of Representative date

Signature of Representative date

ASSIGNMENT OF BENEFITS

Please sign this section if insurance benefits are to be paid to the provider rather than to the client.

I hereby authorize payment, directly to Lori L. Riddle-Walker, MFT, of the benefits otherwise payable to me under the terms and conditions of my health insurance. I understand I am financially responsible to the above provider for the charges not covered by my insurance.

SIGNATURE _____

Date _____

RELEASE OF INFORMATION

I authorize the release of any medical or other information necessary to process insurance claims or obtain additional/continued authorization for services. I understand that this release includes billing and clerical personnel who are also under legal obligation to maintain confidentiality.

SIGNATURE _____

Date _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* that I have provided for you in paper or electronic form. My *Notice of Privacy Practices* provides information about how I may use and disclose your protected health information. I encourage you to read it in full.

My *Notice of Privacy Practices* is subject to change. If I change my notice, you may obtain a copy of the revised notice by contacting me at 502 W. El Norte Parkway, Escondido, CA 92026 or view and download a copy on my website at www.lrwalker.net. If you have any questions about my *Notice of Privacy Practices*, please contact me at: 760-715-7273.

SIGNATURE _____

Date _____

Lori L. Riddle-Walker, MA, MFT

Lic. #MFC40306

Phone: 760-715-7273—Email: llrwalker@sbcglobal.net

AGREEMENT FOR SERVICES/ INFORMED CONSENT FOR MINORS

Introduction

This agreement has been created for the purpose of outlining the terms and conditions of services to be provided by Lori L. Riddle-Walker, MFT for the minor child(ren)

(herein "Patient) and is intended to provide [name of parent(s)/legal guardian(s)]

(herein "Representative(s)") with important information regarding the practices, policies and procedures of Lori L. Riddle-Walker, MFT (herein "Therapist"), and to clarify the terms of the professional therapeutic relationship between Therapist and Patient. Any questions or concerns regarding the contents of this Agreement should be discussed with Therapist prior to signing it.

Policy Regarding Consent for the Treatment of a Minor Child

Therapist generally requires the consent of both parents prior to providing any services to a minor child. If any question exists regarding the authority of Representative to give consent for psychotherapy, Therapist will require that Representative submit supporting legal documentation, such as a custody order, prior to the commencement of services.

Therapist Background and Qualifications

Therapist has a Master of Arts degree in Counseling Psychology from Trinity College of Graduate Studies, and has been working as a therapist for 12 years, with both children and adults. Therapist has been practicing as a licensed marriage and family therapist (LMFT) for approximately 6 years, working mostly with families, children, and adolescents.

Therapist's theoretical orientation can be described as *Cognitive Behavioral*. Cognitive Behavioral Therapy explores the relationship between thoughts, behaviors and feelings and the impact they have on our lives. Cognitive Behavioral Therapy can help one change negative thinking and behavior patterns so greater happiness, productivity and intimacy can be experienced.

Risks and benefits of Therapy

A minor patient will benefit most from psychotherapy when his/her parents, guardians or other caregivers are supportive of the therapeutic process. Psychotherapy is a process in which Therapist and Patient, and sometimes other family members, discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so Patient can experience his/her life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties Patient may be experiencing. Psychotherapy is a joint effort between Patient and Therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Participating in therapy may result in a number of benefits to Patient, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, school, and family settings, and increased self-confidence. Such benefits may also require substantial effort on the part of Patient, as well as his/her caregivers and/or family members, including an active participation in the therapeutic process, honesty and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. This discomfort may also extend to other family members, as they may be asked to address difficult issues and family dynamics. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which Therapist will challenge the perceptions and assumptions of the Patient or other family members, and offer different perspectives. The issues presented by Patient may result in unintended outcomes, including changes in personal relationships.

During the therapeutic process, many patients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Length of treatment can be affected by many variables. Patient should address any concerns he/she has regarding his/her progress in therapy with Therapist.

Professional Consultation

Professional consultation is an important component of a healthy psychotherapy practice. As such, Therapist regularly participates in clinical, ethical and legal consultation with appropriate professionals. During such consultation, Therapist will not reveal any personally identifying information regarding Patient or Patient's family members or caregivers.

Records and Record Keeping

Therapist may take notes during session, and will also produce other notes and records regarding Patient's treatment. These notes constitute Therapist's clinical and business record, which by law, Therapist is required to maintain. Such records are the sole property of Therapist. Therapist will not alter his/her normal record keeping process at the request of any patient or representative. Should Patient or Representative request a copy of Therapist's records, such a request must be made in writing. Therapist reserves the right, under California law, to provide Patient, or Representative, with a treatment summary in lieu of actual records. Therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Representative will generally have the right to access the records regarding Patient. However, this right is subject to certain exceptions set forth in California law. Should Representative request access to Therapist's records, such a request will be responded to in accordance with California law.

Therapist will maintain Patient's records for ten years following termination of therapy, or when Patient is 21 years of age, whichever is longer. However, after ten years, Patient's records will be destroyed in a manner that preserves Patient's confidentiality.

Confidentiality

The information disclosed by Patient is generally confidential and will not be released to any third party without written authorization from Representative (or all adult family members who where part of treatment), except where required or permitted by law. Exceptions to confidentiality, include, but are not limited to, reporting child, elder and dependent adult abuse, when a patient makes a serious threat of violence towards a reasonably identifiable victim, or when a patient is dangerous to him/herself or the person or property of another.

Representative should be aware that Therapist is not a conduit of information from Patient. Psychotherapy can only be effective if there is a trusting and confidential relationship between Therapist and Patient. Although Representative can expect to be kept up to date as to Patient's progress in therapy, he/she will typically not be privy to detailed discussions between Therapist and Patient. However, Representative can expect to be informed in the event of any serious concerns Therapist might have regarding the safety or wellbeing of Patient, including suicidality. Additionally, in couple or family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members.

Representative and Patient should also be aware that e-mail and cell phone communication can be easily accessed by unauthorized persons and hence, the privacy and confidentiality of such communication can be compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can easily be sent erroneously to the wrong number. Please notify Lori L. Riddle-Walker, MA, MFT, at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Please do not use e-mail or faxes for emergencies.

Patient Litigation

Therapist will not voluntarily participate in any litigation, or custody dispute in which Patient, or Representative, and another individual, or entity, are parties. Therapist has a policy of no communication with Representative's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Patient's, or Representative's, legal matter. Therapist will generally not provide records or testimony unless compelled to do so. Should Therapist be subpoenaed, or ordered by court of law, to appear as a witness in an action involving Patient, Representative agrees to reimburse Therapist for any time spent for preparation, travel, or other time in which Therapist has made him/herself available for such and appearance at Therapist's usual and customary hourly rate of \$100.00 per hour. In addition, Therapist will not make any recommendation as to custody or visitation regarding Patient. Therapist will make efforts to be uninvolved in any custody dispute between Patient's parents.

Psychotherapist-Patient Privilege

The information disclosed by Patient, as well as any records created, is subject to the psychotherapist-patient privilege. The psychotherapist-patient privilege results from the special relationship between Therapist and Patient in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. Typically, the patient is the holder of the psychotherapist-patient privilege. If Therapist receives a subpoena for records, deposition testimony, or testimony in a court of law, Therapist will assert the psychotherapist-patient privilege on Patient's behalf until instructed, in writing, to do otherwise by a person with the authority to waive the privilege, either the minor, a court appointed guardian, or minor's counsel. Parents typically do not have the authority to

waive the psychotherapist-patient privilege for their minor children, unless given such authority by a court of law. Representative is encouraged to discuss any concerns regarding the psychotherapist-patient privilege with his/her attorney.

Patient, or Representative, should be aware that he/she might be waiving the psychotherapist-patient privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding.

Patient, or Representative, should address any concerns he/she might have regarding the psychotherapist-patient privilege with his/her attorney.

Fee and Fee Arrangements

The usual and customary fee for service is \$100.00 per 45-minute session. The initial assessment session is \$125.00. Sessions longer than 45-minutes are charged for the additional time pro rata. The agreed upon regular session fee between Therapist and Representative is \$100.00. Therapist reserves the right to periodically adjust this fee. Representative will be notified of any fee adjustment in advance.

From time-to-time, Therapist may engage in telephone contact with Patient or Representative for purposes other than scheduling sessions. Representative is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than *ten minutes*. In addition, from time-to-time, Therapist may engage in telephone contact with third parties at the request of Patient or Representative and with the advance written authorization of Patient or Representative. Representative is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes. Representative is expected to pay for services at the time services are rendered. Therapist accepts cash or checks.

Insurance

Therapist is not a contracted provider with any insurance company, or managed care organization with the exception of San Diego and Riverside County Medi-Cal. Should Representative choose to use his/her insurance, Therapist will provide Representative with a statement, which Representative can submit to the third-party of his/her choice to seek reimbursement of fees already paid. Patients having Medi-Cal insurance, or other insurance with special arrangement, therapist may bill insurance directly. Representative will be responsible for any unpaid balance.

Cancellation Policy

Representative is responsible for payment of the agreed upon fee for any missed sessions(s). Representative is also responsible for payment of the agreed upon fee for any sessions(s) for which Representative failed to give Therapist at least 24 hours notice of cancellation. Cancellation notice should be left on Therapist's voice mail at 760-715-7273. The current fee for missed appointments or late notice is \$50.00.

Therapist Availability

Therapist's office is equipped with a confidential voice mail system that allows Patient or Representative to leave a message at any time. Therapist will make every effort to return calls within 24 hours (or by the next business day), but cannot guarantee that calls will be returned immediately. Therapist is unable to provide 24-hour crisis service. In the event that Patient is feeling unsafe or requires immediate medical or psychiatric assistance, Patient or Representative should call 911, or go to the nearest emergency room.

San Diego County Department of Mental Health (24 Hour Crisis Line) 800-479-3339

