

# The Family Therapy Institute of Santa Barbara

## Confidential Intake Form

Today's Date \_\_\_\_\_

\_\_\_\_\_  
Name (Adult or Parent/Guardian of minor)      Date of Birth      Occupation      Preferred Pronoun

\_\_\_\_\_  
Your Spouse/Partner      Date of Birth      Occupation      Preferred Pronoun

\_\_\_\_\_  
Home Address      City      Zip Code

Telephone Numbers: \_\_\_\_\_  
Cell      Other      Emergency Contact Name & Number

Email Address: \_\_\_\_\_ ☐ Check to receive FTI's blog and occasional updates

|                                              |           |                  |
|----------------------------------------------|-----------|------------------|
| Do you have health insurance?<br>(Check one) | Yes<br>No | Name of Company: |
|----------------------------------------------|-----------|------------------|

| Children (oldest to youngest) | Preferred |         |               |     |        |       |
|-------------------------------|-----------|---------|---------------|-----|--------|-------|
| Name                          | Gender    | Pronoun | Date of birth | Age | School | Grade |

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Is anyone else living in your house? If yes, give names and explain: \_\_\_\_\_

\_\_\_\_\_

Describe any current or previous counseling: \_\_\_\_\_

\_\_\_\_\_

Reason you are seeking help: \_\_\_\_\_

\_\_\_\_\_

Do you or a family member have any currently diagnosed medical problems (e.g. infections, diseases, chronic pain, high blood pressure)? yes/no (circle) Explain: \_\_\_\_\_

\_\_\_\_\_

Are you or anyone else in the family currently taking any medications or supplements? Please describe: \_\_\_\_\_

\_\_\_\_\_

Who is your family physician? \_\_\_\_\_

Who referred you to FTI? \_\_\_\_\_

**Family Annual Income (check one):** under 25,000 \_\_\_\_\_ \$25-50,000 \_\_\_\_\_ \$50-80,000 \_\_\_\_\_ \$80-120,000 \_\_\_\_\_ Over \$120,000 \_\_\_\_\_

**Number of People in Household:** \_\_\_\_\_



# Family Therapy Institute of Santa Barbara

## CLIENT- THERAPIST AGREEMENT

I acknowledge that my typed initials/name below each statement is legally binding and represents my full agreement to the terms within each statement that I provide my initials or name. \_\_\_\_\_ *(initial)*

Rather than taking time during your session, we have prepared this letter for you with some important information about our services. Please feel free to ask for more information if anything seems unclear.

**FTI policies regarding appointments and payment:** The Family Therapy Institute (FTI) is a non-profit agency and we depend on regular payment of fees to provide our services to you. The Institute charges a basic fee of \$250, however, we serve clients from all income levels and a sliding scale is available. Your fee will be determined at the first visit.

**Payment** is due at the beginning of each session by cash or check made payable to FTI. In the event of a returned check, you will be responsible for the bank charges. If there is any change in your ability to pay, please let your therapist know. If your account becomes more than 60 days in arrears and suitable arrangements for payment have not been pre-arranged, FTI has the option of using legal means to secure payment, such as collection agencies or small claims court.

If you have **insurance** to help cover the cost of therapy, we will make every effort to assist you, both in understanding your policy and in submitting your claim. Please work out the details with your therapist. However, ultimately you are responsible if the insurance does not pay. You should be aware that use of insurance requires disclosure of your diagnosis and treatment (see *Notice of Privacy Practices*).

When you schedule a session with your therapist, that time is reserved solely for you. For this reason, we require **24 hours notice of cancellation** or you will be charged for the session. Other than the initial evaluation, sessions are typically 50 minutes. FTI has a 24-hour, seven day a week voice mail system so messages can be left for your therapist or the office at any time.

If you need to speak with a therapist immediately, call the FTI office at (805) 569-2272, press 8 and leave your name and phone number. The on-call therapist will be paged and will respond as soon as possible. If you believe you have an **emergency**, dial 9-1-1.

Unless otherwise specified, our policy is to charge a prorated amount, based on your established fee, for telephone calls over five minutes, report-writing and outside consultation (i.e. with schools, family members, etc).

**Consent for Treatment:** By signing this form, I am voluntarily consenting to psychotherapy, counseling, education and all other services provided by FTI. Psychotherapy has been shown to have benefits for the majority of people who undertake it. It often leads to a significant reduction of feelings of distress, better relationships, and resolution of specific problems. However, there are no guarantees about what will happen. "Risks" of therapy might include experiencing uncomfortable levels of feelings while dealing with painful issues. I understand that I can revoke this consent at any time in writing by contacting my therapist at the address above. \_\_\_\_\_ *(initial)*

**Release of Personal Health Information:** I understand that FTI shall maintain a record of each visit. The information recorded will typically include information about my symptoms and a plan regarding treatment. This information is considered “protected health information” and, as such, will only be used or disclosed for the purpose of treatment, payment and healthcare operations and otherwise will not be released without my specific authorization, except in certain circumstances which are outlined in the *Notice of Privacy Practices*. Exceptions to privacy may occur:

- 1) if you are a risk to your own safety or to the safety of others;
- 2) if your therapist has reason to suspect the abuse and/or neglect of a minor child or elder (65+ years) or disabled adult;
- 3) if the court has a legitimate subpoena to impound my records;
- 4) if you are in a lawsuit where emotional harm is being claimed;
- 5) if you elect to use insurance.

A copy of the *Notice of Privacy Practices* is posted in the waiting area and a paper copy is available from FTI upon request. I agree to these policies. Yes No (Check & initial) \_\_\_\_\_

*If you do not agree to the policies outlined in the Notice of Privacy Practices, you have the right to request restrictions on certain uses & disclosures of protected health information. Please ask your therapist about making such a request.*

**Patient Rights and Responsibilities:** I acknowledge that this is a partnership between my FTI therapist and me and, as such, I agree to actively participate in my treatment. I also acknowledge the rights available to me. A list of patient rights and responsibilities is posted in the waiting area. A copy of these rights and responsibilities is available upon request. \_\_\_\_\_(initial)

**Filing Complaints:** If you are seeing one of our licensed staff, the Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of marriage and family therapists and clinical social workers. You may contact the board online at [www.bbs.ca.gov](http://www.bbs.ca.gov), or by calling (916) 574-7830.

If you are seeing an unlicensed intern Don MacMannis, Clinical Director of the Family Therapy Institute of Santa Barbara, receives and responds to complaints regarding the practice of psychotherapy by any unlicensed or unregistered counselor providing services here. To file a complaint, contact him at (805) 882-2424 x102 or email [info@ftisb.org](mailto:info@ftisb.org)

I have read this form. I understand and agree to it. All of my questions have been answered to my satisfaction.

\_\_\_\_\_  
**Client Signature(s)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Therapist Signature**

\_\_\_\_\_  
**Date**

★★ Name of client if signing for minor or other party: \_\_\_\_\_

Your relationship to client: \_\_\_\_\_



# Family Therapy Institute of Santa Barbara

## Consent Form for Alternate Communication

I acknowledge that my typed initials/name below each statement is legally binding and represents my full agreement to the terms within each statement that I provide my initials or name. \_\_\_\_\_ (initial)

If you choose to communicate to your therapist at FTI via e-mail, home phones, cell phones, (texting, calls, or voicemails), or conduct therapy via internet technology, which can include live video conferencing or telephone conversations (telehealth), this raises issues about confidentiality that we want you to understand.

### ***Confidentiality***

- Because email/texting/telehealth is generally less secure, we cannot offer the same degree of confidentiality as for other forms of communication. Email accounts and telehealth platforms require a third party to maintain, FTI or your therapist cannot guarantee confidentiality and privacy protection provided by the vendors
- When you email FTI or your therapist from a given account, we will assume that it is acceptable to return mail to you at that same email address.
- While we endeavor to protect our computers from hackers, viruses, worms and other threats to the security of your correspondence, we regret that we cannot fully assure their protection.

### ***What is a good use of email/text?***

Please note – the best way to reach your therapist is by phone first. Few, if any of our staff are able to check their email or texts constantly. There can be gaps of hours or days at a time when your therapist or Nancy Villalobos, our administrator, will NOT be available by computer. If you are having difficulty reaching your therapist by email or texts, please call the office at (805)882-2424 and leave a message on your therapist's extension (not the general voicemail box which is not checked as frequently).

- If you are a client and have a document you would like reviewed before our next meeting. It is always a good idea to bring a paper copy to your next appointment in case the email has not been received.
- If there is a development in your life you want your therapist to be aware of, but is not urgent enough to require a phone call.
- If your therapist requested that you email as part of a homework assignment.
- If you have a quick question that cannot wait until your next appointment.

Please keep email/text correspondence short and to the point. While everyone at FTI does his or her best to respond to email correspondence in a timely fashion, it is not always possible. Sometimes email goes into junk or is not received.

### *Inappropriate uses for email . . .*

- In an emergency. If you have tried to reach your therapist by email, text, or voicemail and have not received a response, call 911, go the local emergency room or call 805-280-2072 to reach the FTI on-call therapist. Do not use this phone number for non-emergency purposes (e.g. if you will be late or if you need to cancel your session).
- As a substitute for therapy sessions. If you are emailing about a therapy issue, your therapist may choose not to respond by email but to wait to discuss at your next appointment. Additionally, because the volume of email can be overwhelming, FTI therapists must treat email with the same policy as phone calls, billing for email correspondence requiring more than 15 minutes to process.
- For appointment cancellations and/or the need to reschedule your appointment that email often provides, **TO GUARANTEE YOU WILL NOT BE CHARGED A LATE CANCELLATION FEE, ALL CANCELLATIONS MUST BE MADE BY PHONE WITHIN 24 HOURS OF YOUR APPOINTMENT TIME.**

### *Informed Consent . . .*

I understand that by initiating email correspondence and/or providing you with my email address, I am agreeing to use email as an acceptable form of communication for confidential information.

\_\_\_\_\_ (initials)

I understand that all the same issues are involved if I communicate via cell phones

(texting/calls/voicemails) or the therapist's home phone. \_\_\_\_\_ (initials)

I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. \_\_\_\_\_ (initials)

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Signature

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Date