



INTAKE FORM

PLEASE PRINT CLEARLY

TODAY'S DATE _____

PERSONAL INFORMATION

CLIENT NAME _____

Date of Birth _____ Gender _____

Address _____

City, State _____ Zip _____

Email _____

Cell Phone _____

Home Phone _____

Work Phone _____

*Please indicate with an * which phone numbers we may NOT leave a message.*

Current Occupation _____ Employer _____

Highest Grade Completed or Degree _____ Annual Household Income _____

PERSON TO CONTACT IN EVENT OF EMERGENCY:

Name _____ Phone _____ Relationship _____

PRESENT RELATIONSHIP STATUS

- Single
- Married _____ Years _____ Months
- Partnered _____ Years _____ Months
- New Relationship (6 months or less)
- Other (Specify) _____

FINANCIAL

I understand that Foundry Clinical Group does not accept medical insurance. Payment is due at time of service, and I will be provided a receipt that I may submit to my insurance for possible reimbursement. I also understand that Foundry Clinical Group has a 24-hour cancellation policy, and that I will be responsible for the full fee of any session cancelled with less than 24 hours notice.

Signature

Printed Name

Date

OFFICE USE ONLY

Therapist Name _____

Fee _____ Dx _____

Location

Los Angeles

Oakland

Special Instructions:



HOUSEHOLD/LIVING SITUATION

OTHERS LIVING IN YOUR HOUSEHOLD:

NAME	RELATIONSHIP	AGE	NOTES

MEDICAL INFORMATION

PLEASE MARK ALL THAT APPLY:

- | | | |
|--|--|---|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Physical Aggression |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> School/Work Problems |
| <input type="checkbox"/> Behavior Problems | <input type="checkbox"/> Impulsiveness | <input type="checkbox"/> Self-Abusive Behavior |
| <input type="checkbox"/> Changes in Appetite/Eating Habits | <input type="checkbox"/> Interpersonal Conflicts | <input type="checkbox"/> Sexual Problems |
| <input type="checkbox"/> Decreased Energy | <input type="checkbox"/> Intrusive Thoughts | <input type="checkbox"/> Sexually Transmitted Disease |
| <input type="checkbox"/> Depressed Mood | <input type="checkbox"/> Irritability | <input type="checkbox"/> Sleep Disturbance |
| <input type="checkbox"/> Disruption of Thought Process/Content | <input type="checkbox"/> Isolation | <input type="checkbox"/> Somatic Complaints |
| <input type="checkbox"/> Emotional Trauma | <input type="checkbox"/> Legal Issues | <input type="checkbox"/> Suicidal Thoughts/Attempt |
| <input type="checkbox"/> Excessive Crying | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Weight Gain |
| <input type="checkbox"/> Family Conflicts | <input type="checkbox"/> Oppositional Behavior | <input type="checkbox"/> Weight Loss |
| <input type="checkbox"/> Guilt | <input type="checkbox"/> Panic Attacks | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Paranoia | |

Are you currently in recovery from addictive or compulsive behaviors? Yes No

If Yes, what programs? _____

Are you currently sober/abstinent? Yes No. If yes, how long? _____

Other addictive or compulsive behaviors? (e.g., Substances, Food, Debting) _____

Have you been in psychotherapy previously? Yes No. If yes, when and where? _____

PRIMARY/PREVIOUS THERAPIST _____ City/State _____ Phone _____

PSYCHIATRIST _____ City/State _____ Phone _____

PHYSICIAN _____ City/State _____ Phone _____

Date of your last physical exam _____ Health Status: Excellent Very Good Good Fair Poor



MEDICAL INFORMATION

What physical conditions are you presently being treated for?

List medications you're taking now and for what purpose (Include non-prescription and herbal remedies)

Have you had any serious illnesses and/or surgeries? (List)

Other information (medical or non-medical) that you would like us to know? (Continue on back, if necessary.)

CONSENT FOR TREATMENT

This consent certifies that you give permission to the clinical staff at Foundry Clinical Group to provide psychotherapy treatment for you or your family member. Services will be provided by a trained professional who maintains current certification with the State of California to conduct counseling/psychotherapy. Foundry therapists work as a treatment team and will confer regarding cases, and you authorize the exchange of information among clinicians to provide effective treatment.

All psychotherapy and counseling services are conducted with some measure of risk. We cannot represent that you will experience immediate improvement or symptom relief, nor can we represent that your course of treatment won't exacerbate the state of your distress or current relationships. Therapists will choose interventions and treatment goals in alignment with standard of care and their professional training and experience.

You may revoke this consent for treatment at any time.



CONFIDENTIALITY

Under most circumstances, all communication between you and your psychotherapist is confidential unless your permission is granted to relay information to a third party. The State of California mandates that psychotherapists break client confidentiality to file a formal report when:

- Reasonable suspicion exists of child abuse, dependent adult abuse or senior abuse.
- Client threatens violence to an identifiable victim.
- Client presents danger of violence to others.
- Client has knowingly accessed content (after January 1, 2015) depicting a minor involved in obscene sexual conduct.

Disclosure of information may also be required in certain legal proceedings. If you have concerns about the content of psychotherapy sessions and any legal proceedings in which you are involved or expect to be involved (e.g. divorce, child custody cases), please let your therapist know. Before any disclosure is made, every reasonable effort will be made to appropriately resolve these issues and/or notify clients.

All clients must maintain the confidentiality of other clients. This boundary is critical for patient safety. You agree that you will not disclose personal or identifying information about other Foundry Clinical Group clients or workshop participants.

OFFICE POLICIES

SESSIONS: Each session is typically 45-50 minutes in length and begins at the scheduled appointment time. If you arrive late, your session will be shorter; if your therapist begins late, your session will be extended to make up the time. Upon arriving, please press the call light next to your therapist's name.

CANCELLATION/ABSENCE: If you cannot attend a session, please alert your therapist at least 24 hours in advance. You will be responsible for the full fee of any no-show sessions or sessions cancelled with less than 24 hours notice. ***Please use Foundry's online calendar system to cancel appointments, when possible. Text message and voicemail are other preferred methods.*** If you arrive to a session intoxicated, your therapist will not render services and this will be considered a late cancellation.

CONTACTING THERAPISTS: You may contact your therapist via phone, email or text message. Therapists may accommodate some degree of between-session availability, but this is expressly not guaranteed and should not be relied upon. In the event of a life-threatening or psychiatric emergency, you must dial 911 or go to a hospital emergency room.

Unless there is an urgent matter, we request that psychotherapeutic contact be limited to your designated session time. Foundry therapists routinely handle difficult and weighty cases, and we promote therapists' healthy boundaries and self-care. If you find that you're regularly requiring between-session contact, please discuss this matter with your therapist.

Therapists reserve the right to bill for clinical work between sessions, which will be billed at your session rate in 15-minute increments as follows:

- 1-15 minutes
- 16-30 minutes
- 31-50 minutes billed as one full session, starting at minute 1.

It is your responsibility to distinguish scheduling matters from your personal emotional material; Foundry therapists will also help you make that distinction.

REGISTERED INTERNS: If your therapist is a registered intern, s/he is a prelicensed counselor who will be consulting regularly with a clinical supervisor regarding your case. You will be informed of your therapist's license/certification status, as well as any changes to that status.



FEES, BILLING & PAYMENT

All services are billed at the standard rate. Sliding-scale fees may be established based upon ability to pay and therapists' availability. Patients pay for services at the beginning of each session, unless other arrangements have been made. Please notify your therapist if problems arise which affect your ability to make timely payments.

If document preparation is required (e.g. legal matters, insurance appeals), clinicians reserve the right to bill for services, plus fees for materials (e.g., copies, outside services).

In order to prevent any misunderstanding about payment for services, please be advised of the following:

- All services provided are billed directly to the client unless other arrangements have been made;
- Clients are personally responsible for payment at the time of services via cash, check or credit card;
- Statements/receipts can be provided for you to submit to your insurance for reimbursement;
- You are responsible for submitting all claims to your insurance provider;
- If payment is not received when services are rendered, payment may be applied to the credit card on file if no other payment arrangements have been made.
- If your credit card is invalid, and you have made no other payment arrangements, your outstanding balance may be sent to an agency for collection.
- Late charges of 5% per month will be added to balances existing for more than 30 days, unless other arrangements have been made.
- Returned checks will incur a \$25 fee to cover bank and administrative expenses.

You are individually responsible for all incurred charges, even if you direct us to bill another person. If you direct charges to be billed to another person, you represent that you are authorized to give such direction. If you have directed charges to be billed to another person who fails to make payment, you will pay promptly on demand.

If you commit to joining a psychotherapy group, the weekly fee for group sessions is due even if you do not attend.

- I am providing my consent to treatment as outlined above. (Minors require signature of parent/guardian.)
- I have read and understand all of the foregoing statements. My signature below indicates that I agree to abide by all of the above conditions.

Signature

Printed Name

Date



PAYMENT INFORMATION

PLEASE PROVIDE A CREDIT CARD AUTHORIZATION REGARDLESS OF YOUR PAYMENT METHOD.

<input type="checkbox"/> I authorize the maintenance of valid credit card information to guarantee my chosen payment option.	
Cardholder Name:	Billing Zip Code:
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AmEx <input type="checkbox"/> Discover	Expiration Date:
Card Number:	Cardholder Signature:

All services are billed at the standard rate. Sliding-scale fees are based upon ability to pay and therapists' availability. Clients pay for services at the beginning of each session, unless other arrangements have been made. Please notify your therapist if problems arise which affect your ability to make timely payments.

Checks are payable to FOUNDRY CLINICAL GROUP. Credit card charges will appear on your statement as "FOUNDRY."

In order to prevent any misunderstanding about payment for services, please be advised of the following:

1. All services provided are billed directly to the client unless other arrangements have been made;
2. Clients are personally responsible for payment at the time of services via cash, check or credit card;
3. Statements/receipts can be provided for you to submit to your insurance for possible reimbursement;
4. You are responsible for submitting all claims to your insurance provider;
5. If payment is not received when services are rendered, payment may be applied to the credit card on file if no other payment arrangements have been made.
6. If your credit card is invalid, and you have made no other payment arrangements, your outstanding balance may be sent to an agency for collection.
7. Late charges of 5% per month will be added to balances existing for more than 30 days, unless other arrangements have been made.
8. Returned checks will incur a \$25 fee to cover bank and administrative expenses.

You are individually responsible for all incurred charges, even if you direct us to bill another person. If you direct charges to be billed to another person, you represent that you are authorized to give such direction. If you have directed charges to be billed to another person who fails to make payment, you will pay promptly on demand.

I acknowledge that I have read and understand the terms and conditions set forth above.

Signature

Printed Name

Date



ELECTRONIC COMMUNICATIONS POLICY

This document details Foundry Clinical Group's office policy regarding electronic communications, social media and related Internet issues. Please read it to understand how we will conduct ourselves online as mental health professionals and how you can expect us to respond during various interactions that may occur on the Internet. This policy may change as tech and the Internet change; we will keep you informed and provide you with updated copies in writing.

AFTER READING THE FOLLOWING POLICY, PLEASE INDICATE YOUR PREFERENCES HERE:

- I consent to engaging in email communications with Foundry staff.

Email address: _____

- I consent to exchanging text/SMS messages with Foundry staff

Text/SMS #: _____

- I do **not** want to engage in email communications with Foundry staff.

- I do **not** want to engage in text/SMS message communications with Foundry staff.

SECURITY

EMAIL SECURITY

Foundry's email provider encrypts email in-transit and email stored on our server. Foundry's security measures, however, cannot guarantee the encryption of email once it reaches you. If your email isn't adequately protected, an anonymous data-hack could retrieve/access your email. If your email travels through a third-party provider (e.g. via smartphone apps), this creates another level of vulnerability. It's also possible for unauthorized parties to gain access to your email by installing malware on the computer/smartphone. Your email can be accessed by someone who knows/guesses your password. Smartphones and laptops are vulnerable to theft. The risk of human error must also be considered, as email is typically delivered both instantly and irrevocably.

If you choose to communicate via email, please be aware that Foundry staff attempts to confine email use to brief exchanges of limited information, usually related to scheduling. If you choose to include sensitive clinical information in your email communication, you do so at your own risk.

ELECTRONIC SCHEDULER

Foundry's online scheduling software uses technological/procedural safeguards designed to meet HIPAA standards. Appointment confirmation emails are transmitted with 168-bit SSL encryption. Clients may also choose to receive appointment confirmations via text/SMS message.

TEXT/SMS SECURITY

Please be aware text/SMS messages cannot be securely encrypted and may incur charges from your carrier.

It is important that you are aware of these considerations and make your own assessment about electronic security and associated risks.



SENSITIVE COMMUNICATIONS

During the course of treatment, there may be instances in which you'll choose to electronically exchange sensitive or highly confidential documents—usually during circumstances in which time is of the essence.

Before emailing this information, we recommend that you consider taking extra care with transmission. You may choose to transmit the document with password protection (please transmit the password via a separate method); you may choose to create a shared server folder and grant access to your clinician(s); you may choose to transmit the document via fax.

Foundry staff will follow your lead with regards to the means by which you choose to electronically exchange sensitive or highly confidential documents.

FOUNDRY SECURITY

Foundry employees use unique, secure passwords for their work-related accounts and change these passwords at least 4x/year. Each smartphone and laptop uses at least two layers of passcode protection. Whenever possible, Foundry employees have enabled the functionality to wipe/erase their devices in the event of loss or theft, and have committed to do so in the event of warranting circumstances.

SOCIAL MEDIA

Foundry clinicians will not personally accept friend requests from current or former clients on any social media sites (e.g. Facebook, LinkedIn). This relationship can compromise your confidentiality and our respective privacy. It may also blur the boundaries of the therapeutic relationship.

Foundry Clinical Group maintains a Facebook page for our professional practice to allow people to share our blog posts and other practice resources. This information is also available on our website. You are welcome to visit our Facebook page, and read or share articles posted there, but we will not accept current or past clients as "Fans." Please note that you can subscribe to the Facebook page/content via RSS without becoming a fan and without creating any visible, public link to our page. You are more than welcome to do this.

FOLLOWING

We keep a blog on our website, maintain a Twitter feed, and post practice-related information on various social media sites. We have no expectation that you as a client will want to follow our blog, tweets or posts. However, if you use an easily recognizable name and we notice that you've followed our social media content, we may briefly discuss it and its potential impact on our working relationship. Please note that there are inconspicuous ways to follow us on Twitter (i.e. RSS feed, locked Twitter lists) that can eliminate your having a public link to our content.

You are welcome to use your own discretion whether to follow us. Note, however, that Foundry clinicians will not follow you back. We follow other health professionals on Twitter and do not follow the blogs of current or former clients. We believe that casual viewing of clients' online content can create confusion as to whether it's being done as part of your treatment or to satisfy personal curiosity. Also, viewing your online activities without your consent and without an explicit arrangement toward a specific purpose could negatively affect our working relationship. If there are things in your online life that you would like to share, please bring them into session where we can view and discuss them together.

"PEOPLE YOU MAY KNOW"

The profiles of Foundry staff may appear in the "People You May Know" recommendations on social media. This may be based upon the presence of the clinician's record in your Contacts, or a previous email or Internet search, or another algorithm generated by third-party websites. Foundry is not capable of preventing these recommendations from appearing in your various online accounts. These "People You May Know" suggestions/recommendations are never direct solicitations from Foundry clinicians.