

Cynthia Horacek, M.S.
Marriage and Family Therapy License #MFC 35890
Board Certified Expert in Traumatic Stress
Diplomat of the American Academy of Experts in Traumatic Stress

30423 Canwood St. Suite 129
Agoura Hills, California 91301
(818) 706-1055

INTAKE

Name(s): _____

Address: _____
(Street) (City) (Zip code)

Drivers License Number: _____ State: _____

Phone number(s) _____
(Home) (Work) (Cell)

Which number would you prefer I use to reach you directly? _____ To leave a message? _____

Emergency Contact: _____ Birthday: _____
(Name) (Phone number)

Email: _____ May I contact you via email? Yes No

Are you: Married Divorced Widowed Single Living with a partner

Who lives with you? Names and ages: _____

Why are you seeking therapy at this time? _____

Do you take any medications? Yes No
Name of Medication Dosage

| Name of Medication | Dosage | Reason |
|--------------------|--------|--------|
| | | |
| | | |
| | | |

If you need more room, please use back of this page.

Do you smoke cigarettes? Yes No If yes, how much? _____ /day

Date Quit: _____

Do you drink alcohol? Yes No If yes, how much? _____ /day _____ /week

Date Quit: _____

Do you use recreational drugs? Yes No Drug: _____

How much and how often? _____

If you used to use and stopped, when did you stop? _____

Payment

I prefer that clients pay at the beginning of the session. This actually saves time and we have more time for the session. I accept cash, checks and credit cards for amounts over \$30.00. There is a \$25.00 charge for returned checks.

Confidentiality

All communications between us will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release. **However, it is important that you know that I maintain a “no-secrets” policy when conducting family or marital/couples therapy. This means if one partner (or family member) discloses something to me in private, I cannot guarantee it will not be disclosed in a joint session.**

Exceptions to confidentiality: I am required by law to report suspected child or elder abuse. I may be required or permitted to break confidentiality when I have determined that a patient presents a serious danger of physical violence to another person or when a patient is dangerous to him or herself. **I have an ethical and legal obligation to keep you safe;** if I believe you are suicidal, I will break confidentiality and call your emergency contact or the police to be sure that you are kept safe, even if it means hospitalizing you against your will.

If you make a serious threat of harm against another person or their property and I believe you mean it, I have a legal mandate to warn the intended victim and call the police. I will do so. If a third party, such as a relative or close friend, reports to me that you are a danger to someone, I have a legal mandate to listen and possibly report this to the police.

In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with books, records, papers and documents and other items and prohibits the therapist from disclosing to the patient that the FBI sought or obtained the items under the Act.

Minors and Confidentiality

Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child’s treatment are often involved in their treatment. Consequently, I, in the exercise of my professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with me. It is my policy that I will not disclose to parents/guardians what their children discuss with me in session unless I have the express consent of the child, or I believe the child is putting themselves in harm’s way. In that event, I will tell the child what I intend to tell their parent and I encourage the child to tell them first. However, when parents speak to me outside of the presence of a child, I will tell the child that I spoke with their parent, and what their parent and I discussed (unless in my opinion, it is detrimental to the child to hear what was said).

Appointment Scheduling and Cancellation Policies

Your consistent attendance in therapy greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are asked to notify me at least 24 hrs. in advance of your appointment. This time is set aside for you and cannot be filled at the last minute if you do not appear. If you do not provide me with at least 24 hours notice in advance, you are responsible for payment for the missed session. *Managed Care Clients: Please understand that your insurance company will not pay for missed or cancelled sessions. You are therefore responsible for the full fee.*

Therapy can and will help you feel better. You may feel worse before you feel better, because you are bringing up some uncomfortable feelings, possibly feelings that you haven’t dealt with in sometime, or perhaps never. But if you give it a chance to work through and hang in there, it will get better. Really!

Contacting Me

Telephone consultations between office visits are welcome. You may contact me at (818) 706-1055. However, I will attempt to keep those contacts brief due to my belief that important issues are better addressed face to face. Calls over 15 minutes will be charged at your normal office visit rate in ½ hour increments. *Managed care will not pay for telephone consultations. Therefore, should you desire a phone session and are using your insurance for regular visits, you are responsible for the full fee of the phone consultation.* You may leave a message for me at any time on my confidential voicemail. If you would like me to return your call, *please be sure to leave your name and phone number(s) with area code, along with a brief message concerning the nature of your call.* Nonurgent phone calls are returned during normal workdays (Monday through Friday) within 24 hours. If you have an urgent need to speak with me, please indicate that fact in your message and follow any instructions that are provided by my voicemail. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance, or go to your nearest emergency room.

I have read and understand the above.

Name: _____

Signature: _____

Date: _____