

Jennifer Chappell Marsh, IMF

Jennine E. Estes, MFT
2835 Camino Del Rio South, Suite 120C
San Diego, CA 92108



estes therapy

Marriage & Family Therapist Intern
IMF#65184

CONFIDENTIAL CLIENT INTAKE FORM

Client Name _____ Date _____

Date of Birth _____ Age _____ Social Security _____

Street Address _____ City _____

State _____ Zip Code _____ E-mail Address _____

Cell Phone _____ Home Phone _____ WorkPhone _____

May I call you on your cell? Y N at home? Y N at your work? Y N

Employer _____ Occupation _____

Relationship Status _____ Children _____

In Case of Emergency

Notify _____ Relationship _____

Phone Number _____

Referral:

How did you hear about Jennifer Chappell Marsh? (check one please)

___ Friend or Family If so, Who? _____

___ Physician/Psychiatrist If so, Who? _____

___ Television/Magazine/Newspaper

___ Internet

___ Other _____

Presenting Problems:

Please describe your reasons for seeking therapy:

Please circle the severity of your problem(s) on the scale below:

mildly upsetting moderately upsetting very severe extremely severe totally incapacitating

Circle all that apply to you:

depressed mood/sadness	low energy	tearfulness	excessive guilt
difficulty concentrating	irritability	low motivation	fatigue
sleeping difficulties	appetite changes	change in weight	feel worthless
feeling lonely	excessive guilt	suicidal thoughts	feel like a failure
anxiety/stress	panic attacks	anger problems	fears /phobias
headaches	dizziness	fainting spells	palpitations
stomach trouble	pain (please describe)	unable to relax	restless/nervous
feel "on edge"/tense	nightmares	flashbacks	memory problems
alcohol use	drug use	sexual problems	legal problems
confusion	obsessive thoughts	difficulty trusting	difficulty making decisions
relationship difficulties	financial problems	shy with people	academic/work problems
difficulty making friends	low self-esteem	other not listed: _____	

Family History:

Describe any significant emotional, medical or chemical dependency conditions of your parents/family:

Alcohol/Substance:

Please describe alcohol/substance (drugs, porn, etc) use: _____

Additional Information:

Additional problems or difficulties you think may be important for the therapist to know:

Consent for Treatment: I authorize and request that Jennifer Chappell Marsh, IMF, provide assessment, treatments, and/or diagnostic procedures which now or during the course of my care as a client are advisable. I understand that the purpose of these procedures will be explained to me upon my request and subject to my agreement. I understand that the therapist is a Marriage and Family Therapist Intern IMF#65184 and is under the direct supervision of Jennine Estes, MFT#47653. I also understand that while the course of therapy is designed to be helpful, it may at times be difficult and uncomfortable

Your signature below indicates that you have read and understood the information of the Out Patient Service Contract and agree to abide by the terms of the Out Patient Services Contract.

Your signature below indicates that all the information on this form is accurate.

Client (print)

Client (sign)

Date

Jennifer Chappell Marsh, IMF

Marriage & Family Therapist Intern

IMF#65184

Jennine Estes, MFT Supervisor

Marriage & Family Therapist

MFC#47653

OUTPATIENT SERVICES CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychotherapist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

I am a Marriage and Family Therapist Intern IMF#65184, under the direct supervision of Jennine Estes, MFT, MFC#47653. I have my master's degree in Marriage and Family Therapy and I am currently working on accruing hours to becoming licensed as a Marriage and Family Therapist.

MEETINGS AND SCHEDULING

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours [1 day] advance notice of cancellation [unless we both agree that you were unable to attend due to circumstances beyond your control]. As therapy sessions are scheduled, the therapist will provide a business card with the time of therapy. Since mistakes occur with technology, if you decline the appointment card and a mistake occurs with scheduling you will be responsible for payment. If you would like to cancel the appointment, you must send an email or call within 24 hours.

PROFESSIONAL FEES

My hourly fee is **\$100.00** payment method is cash, check, or credit card. All checks payable to Jennine Estes The fee shall be paid in full at the end of each therapy session. A \$20.00 charge will be added to any

returned checks. Therapist will provide a 1 month notice of fee changes. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations or lengthy emails (billed in 6 minute increments), attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. [Because of the difficulty of legal involvement, I charge \$200.00 per hour for preparation and attendance at any legal proceeding.]

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested. [In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.]

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. [If such legal action is necessary, its costs will be included in the claim.] In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

CANCELLED/MISSED APPOINTMENTS

A scheduled appointment means that time is reserved only for you. Cancellations **must be made 24 hours** in advance; otherwise, client is responsible for the full session fee.

INSURANCE REIMBURSEMENT

I do not take insurance at this time; however, I will provide a monthly receipt that you can submit to your insurance for reimbursement. Please let me know if you need a printed up receipt and I will be happy to provide you with one. The form will include CPT Codes and DSM-IV Diagnostic codes for the insurance company.

CONTACTING ME

I am often not immediately available by telephone. While I am usually in my office between 9 AM and 5 PM, I probably will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by voicemail that I monitor frequently. I will make every effort to return your call within 1 business day, with the exception of holidays. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist, psychiatrist or Mental Health worker on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. If you are having a psychiatric emergency, please contact San Diego Crisis hotline: 1-800-479-3339 or call 911.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

LITIGATION LIMITATION

Jennifer Chappell Marsh, IMF, does not do court work (such as testifying in divorce and custody disputes, injuries, lawsuits, etc...). If you need these services, I will give you referrals to forensic psychologists who specialize in these cases. To be in psychotherapy with Jennifer Chappell Marsh, you must agree that neither

you, nor your attorney, nor anyone else acting on your behalf will call on your therapist to testify in court or at any other proceeding, nor will a disclosure of psychotherapy records be requested for legal proceedings.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a therapist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person or disabled person is being abused, I am required to file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am [may be] required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney. [If you request, I will provide you with relevant portions or summaries of the state laws regarding these issues.]

My office space is a shared office space with other therapists/practitioners and we each work independently of each other and are **not** a part of a group practice.

OUTPATIENT SERVICES CONTRACT

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Client Signature _____
Date

Client Signature _____
Date

Therapist Signature _____
Date
Jennifer Chappell Marsh MFC#65184



estes therapy