EAST BAY AREA THERAPY
CULTURALLY CONSCIOUS COUNSELING
GRACE PACHECO, M.A., MFT LIC. #90751

NEW CLIENT INFORMATION FORM

Full Legal Name:_____ Preferred Name _____

Telephone Number: _____Birthdate: _____

Address: _____

Emergency Contact: _____

Relationship to You: _____Telephone Number: _____

Place of Birth (City, State, Country): _____Year of Arrival to the U.S. (If applicable): _____

First Language: _____ Spoken Languages (Fluent): _____

Biological Sex: _____ Gender Identity:_____ Sexual Preference: _____

Cultural Identity: _____ Religious/Spiritual/Faith:_____

Marital Status: _____Children (Names, Ages): _____

Highest Level of Education: _____

Employment (Type, Company): _____

Physical Health Problems:_____

Prescription Medication: _____

Allergies (Food, Medicine, Environment):_____

Experience in Psychotherapy/ Counseling/12-Step/Rehab **(Age, Reason, Where):**_____

_____

_____

Note any Past Psychological Diagnosis(es) **(Age, Diagnosis, Who)** _____

Self-Harm (punching head, cutting, etc.) or Suicide Attempt(s) **(Age and Method)**: _____

_____

_____

Violence Towards Others **(Age and Form of Violence)**: _____

_____

Psychiatric Hospitalization(s) **(Age and Reason)**:_____

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Check if You Have Ever Experienced Any of the Following:

- ☐ Childhood Psychological Abuse (Insults, belittling insults, repeated put downs, etc.)
- ☐ Childhood Neglect (Lack adequate food, denied sufficient clothing, denied adequate medical care, forgotten, left unattended, placed in dangerous situations by parent or primary caregiver, etc.)
- ☐ Childhood Physical Abuse (Beat with fists, belts, objects; resulting in marks, bleeding, broken bones)
- ☐ Childhood Sexual Abuse (Molestation, sexually inappropriate touching, forced sexual acts, rape, forced prostitution, etc.)
- ☐ Victimization of a crime (armed robbery, assault, home invasion, etc.)
- ☐ Victim of domestic violence by romantic partner (past or present)
- ☐ Loss of a significant person or animal; unresolved grief
- ☐ Upbringing away from biological parents (Foster care, raised by family member, adoption, death of parent, etc.)

Check if You Currently Experience Any of the Following:

- ☐ Worries, fear, nervousness, restlessness
- ☐ Difficulty making decisions, seeking reassurance from others/
- ☐ Panic attacks or anxiety attacks
- ☐ Avoidance of specific scenarios or activities (Leaving home, driving, hospitals, dentist, airplanes, etc.)
- ☐ Repetitive and intrusive memories of past negative experiences
- ☐ Nightmares
- ☐ Trouble falling or staying asleep
- ☐ Restricting food or making yourself vomit after eating
- ☐ Repeatedly washing hands, picking at skin, plucking hairs anywhere on body
- ☐ Unexplained medical/physical symptoms with no apparent medical basis
- ☐ Distrusting of others in society, dislike of people
- ☐ Feel down, unhappy, hopeless
- ☐ Problems with concentration, attention, focus
- ☐ Irritable, frustrated or angered easily
- ☐ Hear voices or see things other people cannot see
- ☐ Periods of time in which you stay awake for days and don't feel tired
- ☐ Periods of time in which you make a lot of plans, feel unusually happy, have a flooding of ideas, moving and speaking fast
- ☐ Finding things your purchased, but don't remember purchasing it or realizing you can't remember how you arrived at your destination

Check Any That Apply to Your Past or Present

- ☐ Cigarettes/E-Cigs/Vape
- ☐ Alcohol on a daily basis
- ☐ Alcohol to the point of vomiting or blacking out/losing consciousness
- ☐ Marijuana/Weed/Cannabis
- ☐ Cocaine/Coke
- ☐ Crack
- ☐ Heroin
- ☐ Cough Syrup/Lean
- ☐ Mushrooms/Psilocybin
- ☐ Ecstasy or MDMA/Molly
- ☐ Meth/Crystal/Crank
- ☐ Acid/LSD
- ☐ Problems with compulsive use of pornography
- ☐ Compulsive sexual activity, with inappropriate persons or compulsive use of prostitutes
- ☐ Excessive Gambling
- ☐ Excessive Gaming (computer, video games, etc.)
- ☐ Huffing (Paint, glue, computer cleaner, etc.)

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Describe past arrests, DUI/DWI, police contact, jail/prison/juvenile hall: _____

_____

YES	NO	Please Check The Box of Your First, Gut-Instinct Response to the Following Statements
☐	☐	I really don't want to go to therapy; therapy is a waste of time.
☐	☐	If I experience emotions, I will lose control; I must have control to be okay
☐	☐	Nothing can fix how messed up I am; There is something wrong with me; I can't handle anything; I'm weak
☐	☐	I am not good enough; everyone else is better than me
☐	☐	I'm not wanted; I'm unwelcome; I don't fit in anywhere; Nobody wants me
☐	☐	People I love will leave me; I'll be abandoned if I love or care for something/someone; I can't be happy if I'm on my own
☐	☐	The world is a dangerous place; you can never trust anyone or anything; everyone will do you dirty
☐	☐	You have to be happy to be liked; If I express negative feelings in a relationship, bad things will happen
☐	☐	I am above rules; I'm superior (and am entitled to special treatment and privileges); Other people should satisfy my needs
☐	☐	If people don't respect me, I can't stand it; People have no right to criticize me
☐	☐	If I don't excel, then I'm inferior and worthless; If I don't excel, I'll just end up ordinary
☐	☐	Everything is my fault; I always get it wrong; I need to try harder
☐	☐	If I love people hard enough I can fix them; I have to help everyone; If I don't do it, no one will; I'm only worthwhile if I'm helping other people
☐	☐	My needs are not important; I shouldn't spend time taking care of myself

How You Cope with Stress (Healthy or Unhealthy)

(People, Distraction, Alcohol, Sleep, Spirituality, Animals, Hobbies, etc.)

1. _____
2. _____
3. _____

What Are Your Goals for Therapy?

A. _____

B. _____

C. _____

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Informed Consent for Psychotherapy Services

This Agreement is intended to provide _____ (herein "Patient") with important information regarding the practices, policies and procedures of Grace Pacheco, M.A., MFT #90751, doing business as East Bay Area Therapy (herein "Therapist"), and to clarify the terms of the professional therapeutic relationship between Therapist and Patient. Therapist holds a bachelor's degree in psychology, a master's degree in counseling psychology, and is licensed in the state of California as a Marriage and Family Therapist (MFT) by the California Board of Behavioral Sciences. She is a certified premarital counselor. She has training in Level I and II of Eye Movement Desensitization and Reprocessing (EMDR).

Risks and Benefits of Psychotherapy

Psychotherapy is a process in which Therapist and Patient discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so Patient can experience his/her/their life more fully. A couple or family is considered the Patient (the treatment unit). 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, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on the part of Patient, including an active participation in the therapeutic process, honesty, and a motivation to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above. Please note that participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings, and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which Therapist will challenge Patient's perceptions and assumptions, and offer different perspectives. The issues presented by Patient may result in unintended outcomes, including changes in personal relationships. Patient should be aware that any decision on the status of his/her personal relationships is the responsibility of Patient. 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. Patient should address any concerns he/she has regarding his/her progress in therapy with Therapist.

Termination of Therapy

Therapist reserves the right to terminate therapy at his/her discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, and hateful/abusive/harmful treatment of Therapist. Therapy will be terminated if Patient's needs are outside of Therapist's scope of competence or practice, or Patient is not making adequate progress in therapy. Patient has the right to terminate therapy at his/her discretion. Upon either party's decision to terminate therapy, Therapist will generally recommend that Patient participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. Therapist will also attempt to ensure a smooth transition to another therapist by offering referrals to Patient, as needed, requested, or appropriate.

Confidentiality and Record Keeping

The information disclosed by Patient is generally confidential and will not be released to any third party without written authorization from Patient, except where required or permitted by law. Exceptions to confidentiality, include, but are not limited to, reporting child, elder and dependent adult abuse, child pornography use, 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. 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 records, which by law, Therapist is required to maintain. Therapist will not alter his/her normal record keeping process at the request of any patient. Should Patient 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 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. Therapist will maintain Patient's records for a minimum of 7 years following termination of therapy. However, after 7 years, Patient's records will be destroyed in a manner that preserves Patient's confidentiality. 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 consultations, Therapist will not reveal any personally identifying information regarding Patient

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

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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 received 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 Patient or Patient's representative. Patient 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 should address any concerns he/she might have regarding the psychotherapist-patient privilege with his/her attorney.

Fees for Service(s)

The agreed upon fee between Therapist and Patient is $75 per group session, due at the time of the session at the time services are rendered. Therapist accepts cash, checks, debit card, and major credit cards. Therapist reserves the right to periodically adjust fee. Patient will be notified of any fee adjustment in advance. From time-to-time, Therapist may engage in telephone contact with Patient for purposes other than scheduling sessions. Patient is responsible for payment of the agreed upon fee for any telephone calls longer than ten minutes. In addition, from time-to-time, Therapist may engage in telephone or HIPAA compliant e-mail contact with third parties at Patient's request and with Patient's advance written authorization. Patient is responsible for payment of the agreed upon fee for any telephone calls longer than ten minutes. Patients are expected to pay for services at the time services are rendered. Therapist is not a contracted provider with any insurance company or managed care organization.

Office Policies

Patients are responsible for the entire session fee, in the following scenarios: 1. Cancelled appointments with less than 48 hours' notice 2. No-Shows (if arrival is more than 30 minutes, appointments are cancelled) 3. Late arrivals over 20 minutes will be counted as no-shows Cancelled appointment, late arrivals of 20 minutes, and no-shows will not be granted a rescheduled appointment, without full payment of the missed appointment.	The following behaviors are prohibited: 1. Cursing at anyone, foul language towards another person, inappropriate comments of any kind 2. Aggressive behaviors, violent behavior, or bringing weapons 3. Intimidation or threats of any kind East Bay Area Therapy reserves the right to terminate services abruptly, at the therapist's discretion.

Therapist Availability

Therapist will make every effort to return calls within 48 hours, but cannot guarantee the 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, he/she/they should call 911, or go to the nearest emergency room.

Acknowledgement

By signing below, Patient acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Patient has discussed such terms and conditions with Therapist, and has had any questions with regard to its terms and conditions answered to Patient's satisfaction. Patient agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist. Moreover, Patient agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment. I understand that I am financially responsible to Therapist for all charges or services. Any questions or concerns regarding the contents of this Agreement should be discussed with Therapist prior to signing it. My signature below also indicates that I was offered and/or received a copy of the Notice of Privacy Practices (HIPAA) from Grace Pacheco, MFT #90751 DBA East Bay Area Therapy.

Complete Patient Legal Name

X_____ _____

Signature of Patient (or responsible consenting party) Date

X_____ _____

Grace Pacheco, M.A., MFT Lic. #90751 DBA East Bay Area Therapy Date

EAST BAY AREA THERAPY
CULTURALLY CONSCIOUS COUNSELING
GRACE PACHECO, M.A., MFT LIC. #90751

Notice of Privacy Practices (HIPAA)

To Read Only

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- G**et an electronic or paper copy of your medical record (**We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee).
- **Ask us to correct your medical record (**You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we'll tell you why in writing within 60 days).
- **Request confidential communications** (for example, home or office phone, send mail to a different address)
- **Ask us to limit what we use or share (**You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information)
- **Get a list of those with whom we've shared information (**You can ask for a list of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months).
- **Get a copy of this privacy notice (**You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice

Your Choices

For certain health information, you can tell us your choices about what we share. **If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.** In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

We may use and share your information as we:

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electronically. We will provide you with a paper copy promptly)

- **Choose someone to act for you (**If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action).
- **File a complaint if you feel your rights are violated (**You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/**.** We will not retaliate against you for filing a complaint).

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.**

Additional Information

- Effective June 1, 2016
- We never market or sell personal information.
- We do create and maintain psychotherapy notes and records.
- We will never share any substance abuse treatment records without your written permission.

This Notice of Privacy Practices applies to the following organization(s):

East Bay Area Therapy, INC
1685 San Pablo Avenue, Suite 2C
Pinole, CA 94564
(510) 621-8143