



CLIENT INFORMATION

Each partner should fill out a separate form. Please Note: The information you provide here is protected as confidential information.

Name: _____ Date: _____

Birth Date: _____ Age: _____

Address: _____

City/State/Zip: _____

Phone Hm: _____ May we leave a message? Yes No

Phone Cell: _____ May we leave a message? Yes No

Email: _____

** Please note: Email correspondence is not considered to be a confidential medium of communication.*

Marital Status: Never Married Domestic Partnership Married Separated Divorced

Length of Relationship: _____

Emergency Contact: _____
(Name) (Phone No.)

Referral Source: _____

Please list any children or significant family members & their age:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



What significant stressful events have you experienced in your relationship recently and that may have led to your seeking couples therapy at this time?

What would you like to accomplish out of your time in joint sessions?

What is one thing that your partner/spouse/significant other does **really well** and that you would love for him/her to **continue** doing?

What is one thing that your partner/spouse/significant other does **fairly well/OK** and that you would like for him/her to **improve**?

What is one thing that your partner/spouse/significant other is doing that you feel is **killing the relationship (and possibly you/your love)** and that you would like for him/her to **stop**?

Comments/Special Circumstances



LIMITS OF CONFIDENTIALITY

All therapy sessions are considered to be confidential. Records about a client (verbal and/or written) cannot be shared with another party without the written consent of the client or the client's legal guardian. Although confidentiality is one of our primary concerns, we follow Texas law that mandates reporting in certain situations. In most cases, when such a situation needs to be reported, the therapist will work with you to determine the most helpful way to do so.

Exceptions when it is required to report the information to the appropriate legal authorities:

Abuse of Children and Vulnerable Adults

If a client states or suggests:

- He or she is abusing or has recently abused a child or a vulnerable adult
- A child or a vulnerable adult is in danger of abuse

Abuse of Self or of another Person

If a client states or threatens

- He or she will hurt themselves - measures will be taken to enlist cooperation. Further measures may be taken without their permission in order to ensure their safety.
- He or she will hurt another person

Abuse of Previous Therapist

If a client states or suggests

- He or she has been abused by a previous therapist/counselor

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Insurance Providers (when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information requested may include type/dates of services, diagnosis, treatment plan, description/progress of therapy, and case notes/summaries.

Subpoenas or Legal Matters

Exceptions to confidentiality also occur when clinical records are subpoenaed as part of a legal matter. Please advise your therapist if you are involved in a lawsuit.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

Client Signature

Today's Date:

Witness



CANCELLATION AND BILLING POLICY

We cannot use the time for another client if you fail to cancel or change a scheduled session. Consequently, you will be billed for the entire session for any missed appointments.

A full fee is charged for cancellations with less than a 24 hour notice, unless due to an illness or an emergency. An invoice will be mailed directly to all clients who do not show up for or cancel an appointment without adequate notice.

Please note that your insurance company cannot be billed for any missed appointments.

Dharma Integrative Psychotherapy & Wellness, PLLC will be responsible for the filing of insurance claims. Clients will be responsible for the co-payment or deductible for each visit, when applicable. If you wish to use out-of-network behavioral health benefits, we will be happy to assist you in any way we can.

Dharma Integrative Psychotherapy & Wellness, PLLC requires valid credit card information on file for all clients. A client can also use this as a form of payment/auto-payment for his or her session or in the event of any missed appointments.

Please don't hesitate to ask any questions regarding our policies and procedures. We thank you for your consideration regarding this important matter.

Your signature below indicates your agreement to adhere to the policies and procedures of the Dharma Integrative Psychotherapy & Wellness PLLC.

Client Signature

Today's Date



INFORMED CONSENT FOR THERAPY

We understand that couple therapy begins with an evaluation of our situation, past and present. While the therapist is deciding whether she is the appropriate therapist for us, we will decide whether we wish to begin therapy as well. We understand that due to the commitment of time and money, and the potential impact on us and others, it is important to make an informed choice for a couple therapist.

We have read and understood the potential limits of confidentiality, including those imposed by the policies of the Dharma Integrative Psychotherapy & Wellness, PLLC and by Texas State law, and we have received a copy to keep. We have been given the opportunity to ask questions and discuss confidentiality and disclosure policies with our therapist. We understand all policies as described on the Client Information Form and accept them as conditions for entering into therapy with Dharma Integrative Psychotherapy & Wellness, PLLC. We understand that anything either of us tells the therapist individually, whether on the phone or in an individual session, may not be held as confidential, and at the therapist's discretion may be shared with the spouse/partner during a subsequent couple session.

We understand that information discussed in couple therapy is for therapeutic purposes only and is not intended for use in any legal proceedings involving the partners. We agree that our therapist's involvement will be strictly limited to that which will benefit therapeutically. This means, among other things, that neither of us will attempt to gain advantage in any legal proceeding by asking the therapist to testify in court, whether in person, or by affidavit. We also agree to instruct our attorneys not to subpoena the therapist or to refer in any court filing to anything said or done during the sessions. Such agreement however, may not prevent a judge from requiring our therapist's testimony, even though we will work to prevent such an event. If our therapist is required to appear as a witness, the party responsible for the therapist's participation agrees to reimburse the therapist at the rate of \$200 per hour for the time spent traveling, preparing reports, and any other case-related costs.

We agree to share responsibility with our therapist for the therapy process, including goal setting and termination. By entering into therapy, we accept and understand that working toward change may involve experiencing difficult and intense feelings, some of which may be painful, in order to reach therapy goals. We understand that the changes made will have an impact on us and on others around us. We accept that such changes can have both positive and negative effects and agree to clarify and evaluate potential effects of changes before undertaking them.

We understand that no promises have been made to us as to the results of treatment or of any procedures provided by our therapist at the Dharma Integrative Psychotherapy & Wellness, PLLC. We are aware that we may stop our treatment at any time. The only thing we will still be responsible for is paying for the services we have already received. We understand that if payment for the services we receive here is not made, the therapist may stop our treatment. We understand that we may lose other services or have to deal with other problems if we stop treatment. We are also aware that an agent of our insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and providers of any services or treatments we receive.



Our therapist at the Dharma Integrative Psychotherapy & Wellness, PLLC has explained that her therapeutic focus in couple therapy or any joint session is on preserving and enhancing the relationship rather than a focus on individual goals or happiness. However, if remaining together is harmful to one or both partners or to the family, the focus will be on facilitating an amicable separation.

By signing below, we agree to accept mental health services from **Rabia Ilahi, MA, LMFT** at Dharma Integrative Psychotherapy & Wellness, PLLC at _____ per session and accept full responsibility for payment.

Signature

Date

I, **Rabia Ilahi, MA, LMFT**, have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Therapist

Date