Personal Information Sheet

Section 1: Patient Information

Last Name_____ First Name:_____

Address _____ City_____State _____Zip_____

Age _____ Birthdate _____ Sex _____ Social Sec # _____

Home #_____ Cell # _____ Work #_____

Email #_____

Marital Status (circle) S M D W Who lives with you? _____

Employed? (circle) Yes / No Occupation_____ Net Monthly Income $_____

Employer Name/Address _____

Have you had previous psychological counseling? (circle) YES / NO Name of Therapist? _____

Do you now or have you ever had thoughts of harming yourself or others? (circle) YES / NO

Are you currently taking any medications? YES / NO If yes, please list_____

How did you hear about Jeremy? _____ Referring Physicians Name_____

Section 2: Areas of Concern

Please check the areas you feel you need help with:

☐ personal relationships	☐ legal/police	☐ marital	☐ drugs
☐ family	☐ drinking	☐ sexual	☐ parenting
☐ financial	☐ incest	☐ abuse	☐ other

Section 3: Communication Preferences

Please check which of the following ways you authorize your therapist to contact you. This may include the communication of confidential information. (you may check more than one box):

☐ home # ☐ cell # ☐ work # ☐ email

Thank you!

Disclosure Statement & Consent for Treatment

About Your Therapist

Your therapist is a licensed marriage and family therapist (LMFT90961). Your therapist will discuss his professional background and experience with you.

Fees and Insurance

The fee for service is $150 per individual therapy session. Individual sessions and conjoint (marital/family) sessions are approximately 45 minutes in length. Fees are payable at the time the services are rendered. Please inform your therapist if you wish to utilize health insurance to pay for services. You should be aware that you are responsible for verifying and understanding the limits of your insurance coverage. We are unable to guarantee whether your insurance will provide payment for the services provided to you.

All client fees increase annually on January 1 to keep up with the ever-rising costs of being in business. Your therapist will provide you with written notice of your fee increase at least 30 days before your fee is raised.

Confidentiality | Minors & Confidentiality

All communications between you and your therapist 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, your therapist 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.

There are exceptions to confidentiality. Therapists are required to report instances of suspected child or elder abuse. Therapists may be required or permitted to break confidentiality when they 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. 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. Your therapist, in the exercise of his or her professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker.

Appointment Scheduling | Cancellation Policies | Therapist Availability

Sessions are typically scheduled to occur once per week at the same time and day if possible. In order to cancel or reschedule an appointment, you are expected to notify your therapist at least 72 hrs in advance of your appointment. If you do not provide adequate notice, you are responsible for payment for the missed session. If you need to cancel or reschedule a session within 72 hours before a session is scheduled, you will be responsible for the fee for the late cancellation. In instances of repeated cancellations or nonpayment, your therapist may ask that you provide credit or debit card information to keep on file in order to schedule additional sessions; in the event of a missed session or a late cancellation, the card on file will be charged for the incurred balance.

Non-urgent phone calls are returned during normal workdays within 72 hours. If you have an urgent need to speak with your therapist, please indicate that fact in your message and follow any instructions that have been provided to you by your therapist. *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*.

About the Therapy Process | Termination of Therapy

Based upon the information that you provide to your therapist and the specifics of your situation, your therapist will provide recommendations and assist you in reaching your goals. I believe that therapists and patients are partners in the therapeutic process. Due to the varying nature of the therapeutic process your therapist is unable to predict duration or to guarantee a specific outcome of treatment. You may discontinue therapy at any time. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals.

Your signature indicates that you have read this agreement for services carefully and understand its contents.

Client Signature _____ Date_____

Parent/Guardian(If minor client) _____ Date_____

Therapist Signature_____ Date_____

Notice of Privacy Practices

I. 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.

II. I HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

Jeremy Mast, MS, MDiv, LMFT is legally required to protect the privacy of your PHI, which includes information that can be used to identify you that your therapist created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. Jeremy Mast, MS, MDiv, LMFT must provide you with this Notice about his privacy practices, and such Notice must explain how, when, and why they will "use" and "disclose" your PHI. A "use" of PHI occurs when Jeremy Mast, MS, MDiv, LMFT shares, examines, utilizes, applies, or analyzes such information within their practice; PHI is "disclosed" when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of the your therapist's practice. With some exceptions, your therapist may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. And, your therapist is legally required to follow the privacy practices described in this Notice.

However, your therapist reserves the right to change the terms of this Notice and their privacy policies at any time. Any changes will apply to PHI on file with me already. Before Jeremy Mast, MS, MDiv, LMFT makes any important changes to their policies, I will promptly change this Notice and post a new copy of it in the office and on the website. You can also request a copy of this Notice from your therapist or you can view a copy of it in the office or at www.jeremymast.com

III. HOW I MAY USE AND DISCLOSE YOUR PHI.

Your therapist will use and disclose your PHI for many different reasons. For some of these uses or disclosures, Jeremy Mast, MS, MDiv, LMFT will need your prior written authorization; for others, however, your therapist does not. Listed below are the different categories that your therapist uses and disclosures along with some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. Your therapist can use and disclose your PHI without your consent for the following reasons:

1. For Treatment. Jeremy Mast, MS, MDiv, LMFT can use your PHI within my practice to provide you with mental health treatment, including discussing or sharing your PHI with my trainees and interns. Jeremy Mast, MS, MDiv, LMFT can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care. For example, if a psychiatrist is treating you, Jeremy Mast, MS, MDiv, LMFT can disclose your PHI to your psychiatrist to coordinate your care.

2. To Obtain Payment for Treatment. Jeremy Mast, MS, MDiv, LMFT can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. For example, Jeremy Mast, MS, MDiv, LMFT might send your PHI to your insurance company or health plan to get paid for the health care services that Jeremy Mast, MS, MDiv, LMFT have provided to you. Jeremy Mast, MDiv, LMFT may also provide your PHI to my business associates, such as billing companies, claims processing companies, and others that process my health care claims.

3. For Health Care Operations. Jeremy Mast, MS, MDiv, LMFT can use and disclose your PHI to operate my practice. For example, Jeremy Mast, MS, MDiv, LMFT might use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided such services to you. Jeremy Mast, MS, MDiv, LMFT may also provide your PHI to my accountant, attorney, consultants, or others to further my health care operations.

4. Patient Incapacitation or Emergency. Jeremy Mast, MS, MDiv, LMFT may also disclose your PHI to others without your consent if you are incapacitated or if an emergency exists. For example, your consent isn't required if you need emergency treatment, as long as Jeremy Mast, MS, MDiv, LMFT tries to get your consent after treatment is rendered, or tries to get your consent but you are unable to communicate with Jeremy Mast, MS, MDiv, LMFT or your therapist (for example, if you are unconscious or in severe pain) and your therapist thinks that you would consent to such treatment if you were able to do so.

B. Certain Other Uses and Disclosures Also Do Not Require Your Consent or Authorization. Jeremy Mast, MS, MDiv, LMFT can use and disclose your PHI without your consent or authorization for the following reasons:

1. When federal, state, or local laws require disclosure. For example, Jeremy Mast, MS, MDiv, LMFT may have to make a disclosure to applicable governmental officials when a law requires me to report information to government agencies and law enforcement personnel about victims of abuse or neglect.
2. When judicial or administrative proceedings require disclosure. For example, if you are involved in a lawsuit or a claim for workers' compensation benefits, Jeremy Mast, MS, MDiv, LMFT may have to use or disclose your PHI in response to a court or administrative order. Jeremy Mast, MS, MDiv, LMFT may also have to use or disclose your PHI in response to a subpoena.
3. When law enforcement requires disclosure. For example, Jeremy Mast, MS, MDiv, LMFT may have to use or disclose your PHI in response to a search warrant.
4. When public health activities require disclosure. For example, Jeremy Mast, MS, MDiv, LMFT may have to use or disclose your PHI to report to a government official an adverse reaction that you have to a medication.
5. When health oversight activities require disclosure. For example, Jeremy Mast, MS, MDiv, LMFT may have to provide information to assist the government in conducting an investigation or inspection of a health care provider or organization.
6. To avert a serious threat to health or safety. For example, Jeremy Mast, MS, MDiv, LMFT may have to use or disclose your PHI to avert a serious threat to the health or safety of others. However, any such disclosures will only be made to someone able to prevent the threatened harm from occurring.
7. For specialized government functions. If you are in the military, Jeremy Mast, MS, MDiv, LMFT may have to use or disclose your PHI for national security purposes, including protecting the President of the United States or conducting intelligence operations.
8. To remind you about appointments and to inform you of health-related benefits or services. For example, Jeremy Mast, MS, MDiv, LMFT may have to use or disclose your PHI to remind you about your appointments, or to give you information about treatment alternatives, other health care services, or other health care benefits that Jeremy Mast, MS, MDiv, LMFT offers that may be of interest to you.

C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. Disclosures to Family, Friends, or Others. Jeremy Mast, MS, MDiv, LMFT may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

D. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in sections III A, B, and C above, Jeremy Mast, MS, MDiv, LMFT will need your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that Jeremy Mast, MS, MDiv, LMFT hasn't taken any action in reliance on such authorization) of your PHI by Jeremy Mast, MS, MDiv, LMFT.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

A. **The Right to Request Restrictions on My Uses and Disclosures**. You have the right to request restrictions or limitations on my uses or disclosures of your PHI to carry out my treatment, payment, or health care operations. You also have the right to request that Jeremy Mast, MS, MDiv, LMFT restrict or limit disclosures of your PHI to family members or friends or others involved in your care or who are financially responsible for your care. Please submit such requests to me in writing. Jeremy Mast, MS, MDiv, LMFT will consider your requests, but is not legally required to accept them. If Jeremy Mast, MS, MDiv, LMFT does accept your requests, Jeremy Mast, MS, MDiv, LMFT will put them in writing and will abide by them, except in emergency situations. However, be advised, that you may not limit the uses and disclosures that Jeremy Mast, MS, MDiv, LMFT is legally required to make.

B. The Right to Choose How I Send PHI to You. You have the right to request that Jeremy Mast, MS, MDiv, LMFT send confidential information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). Jeremy Mast, MS, MDiv, LMFT must agree to your request so long as it is reasonable and you specify how or where you wish to be contacted, and, when appropriate, you provide Jeremy Mast, MS, MDiv, LMFT with information as to how payment for such alternate communications will be handled. Jeremy Mast, MS, MDiv, LMFT may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

C. The Right to Inspect and Receive a Copy of Your PHI. In most cases, you have the right to inspect and receive a copy of the PHI that I that I have on you, but you must make the request to inspect and receive a copy of such information in writing. If Jeremy Mast, MS, MDiv, LMFT doesn't have your PHI but knows who does, they will tell you how to get it. Jeremy Mast, MS, MDiv, LMFT will respond to your request within 30 days of receiving your written request. In certain situations, Jeremy Mast, MS, MDiv, LMFT may deny your request. If they do, Jeremy Mast, MS, MDiv, LMFT will tell you, in writing, their reasons for the denial and explain your right to have their denial reviewed.

If you request copies of your PHI, Jeremy Mast, MS, MDiv, LMFT will charge you not more than $.25 for each page. Instead of providing the PHI you requested, I may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

D. The Right to Receive a List of the Disclosures I Have Made. You have the right to receive a list of instances, i.e., an Accounting of Disclosures, in which I have disclosed your PHI. The list will not include disclosures made for my treatment, payment, or health care operations; disclosures made to you; disclosures you authorized; disclosures incident to a use or disclosure permitted or required by the federal privacy rule; disclosures made for national security or intelligence; disclosures made to correctional institutions or law enforcement personnel; or, disclosures made before April 14, 2003.

Jeremy Mast, MS, MDiv, LMFT will respond to your request for an Accounting of Disclosures within 60 days of receiving such request. The list Jeremy Mast, MS, MDiv, LMFT will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date the disclosure was made, to whom the PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. Jeremy Mast, MS, MDiv, LMFT will provide the list to you at no charge, but if you make more than one request in the same year, he may charge you a reasonable, cost-based fee for each additional request.

E. The Right to Amend Your PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that Jeremy Mast, MS, MDiv, LMFT correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. Jeremy Mast, MS, MDiv, LMFT will respond within 60 days of receiving your request to correct or update your PHI. Jeremy Mast, MS, MDiv, LMFT may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by Jeremy Mast, MS, MDiv, LMFT, (iii) not allowed to be disclosed, or (iv) not part of Jeremy Mast, MS, MDiv, LMFT records. Jeremy Mast, MS, MDiv, LMFT written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and Jeremy Mast, MS, MDiv, LMFT denial be attached to all future disclosures of your PHI. If Jeremy Mast, MS, MDiv, LMFT approves your request, they will make the change to your PHI, tell you they have done it, and tell others that need to know about the change to your PHI.

F. The Right to Receive a Paper Copy of this Notice. You have the right to receive a paper copy of this notice even if you have agreed to receive it via e-mail.

V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that Jeremy Mast, MS, MDiv, LMFT may have violated your privacy rights, or you disagree with a decision Jeremy Mast, MS, MDiv, LMFT made about access to your PHI, you may file a complaint with the person listed in Section Vl below. You also may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. I will take no retaliatory action against you if you file a complaint about my privacy practices.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact Jeremy Mast, MS, MDiv, LMFT, 150 W Sierra Madre Blvd, Sierra Madre, California, (626) 275-4607.

VII. EFFECTIVE DATE OF THIS NOTICE: July 24, 2010

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have received a copy of Jeremy Mast, MS, MDiv, LMFT's Notice of Privacy Practices.

_____ _____

Signature of Patient Date

INSURANCE POLICY

If you have PPO insurance, your insurance company may reimburse you for some or all of the cost of your treatment, depending on the specifics of your policy. If you wish to use your PPO insurance, please sign and date this document after reviewing it carefully.

I understand that I am responsible for payment in full for services rendered. I understand that I am paying for services out of pocket and that I am responsible for submitting all claims.

I understand that I am responsible to pay the therapist's full fee out of pocket for missed sessions or late cancellations as my insurance company will not reimburse in these instances.

I understand that Sync will use my insurance information only to create a superbill that I may use to obtain reimbursement.

I understand that my superbill will feature the dates of treatment and a primary diagnosis. I understand that the diagnosis must be submitted to my insurance company to obtain reimbursement and that any diagnosis may be added to my medical records and may also affect the costs and fees associated with my insurance policy.

I understand that once submitted, there may be delays in processing claims and, for whatever reason, claims may be denied, in which case I will not be reimbursed for services.

I understand that my insurance company may contact my therapist to verify the claim and my status as a patient. If my insurance company does contact my therapist, I authorize my therapist to disclose that I am a patient under his care and my diagnosis for the purpose of processing my claim.

Your signature indicates that you have read this letter, understand its contents, and agree to abide by its terms.

Signature_____ Date_____

Credit Card Authorization Form

If you wish to use a credit card for this session and/or all sessions, please provide the following information.

Name on Credit card:_____

Credit card billing address:_____

City_____ State _____ Zip Code_____

Type of Credit Card: Master Card / Visa / Discover

Session Amount: _____

Credit Card Number_____

Exp date_____ Security Code:_____

☐ I would like to make *this payment only* with this credit card

☐ I would like to make ALL payments with this credit card

I hereby give permission to charge my credit card for the amounts above, and for the duration as indicated by the above checked box.

Signature_____Date_____

FORMAL ASSESSMENTS POLICY

In the course of clinical assessment or treatment, especially for sex or porn addiction or compulsive sexual behaviors, I may ask you to take one or more formal assessments. These assessments are thoroughly normed and tested for validity and are widely considered to be trustworthy assessment tools for clinicians.

While every formal assessment has its limitations and must be interpreted contextually and with appropriate care, I frequently use them to gather more information about the scope of a patient's compulsive sexual behaviors and/or the effects of such behaviors on him or her as well as those closest to them (e.g., the patient's partner). Below is a brief description of each assessment as well as the cost associated with each assessment, as set by the assessment administrators.

The ***Sexual Addiction Screening Test Revised (SAST-R)*** is designed to assist in the assessment of sexually compulsive behavior which may indicate the presence of sex addiction. It's a very brief assessment that takes only a few minutes to complete and is free to take anytime. **Cost: Free**

The ***Sexual Dependency Inventory 4.0 (SDI)*** is a longer assessment includes the SAST-R and measures a broad range of sexually compulsive behaviors and their past and present impact on the patient. It usually takes about 1-2 hours to complete. **Cost: $30**

The ***Post-Traumatic Stress Inventory Revised (PTSI-R)***: This assessment was designed to assess current style of functioning, related to past or current trauma, and is based upon the latest research, as opposed to standardized levels of traumatic pathology. **Cost: $15**

The ***Money and Work Adaptive Styles Index (MAWASI)*** evolved out the initial work of Bonnie Dendooven's search to help others with issues surrounding money and work. The assessment measures the various ways (behaviorally, emotionally, and cognitively) that money and/or work has affected the individuals life. Moreover, they show how the individual has adapted his or her life to those thoughts, feelings, and behaviors. **Cost: $15**

The ***Inventory for Partner Anxiety, Stress, and Trauma (IPAST)*** is a battery of assessments that examine the addict's partner's traumatic reactions, family of origin, strengths, and attachment styles. **Cost: $20**

The ***Partner Sexuality Survey (PSS)*** was designed by Dr. Stefanie Carnes to assist partners in identifying the areas of his or her own sexuality that may have been impacted by his or her relationship with the sex addict. **Cost: $5**

If I recommend one or more of these assessments during the course of treatment, you are responsible for paying the fee associated with each assessment. There is also a $165 flat fee associated with taking any and all assessments outside of sessions to cover my time for interpreting your results, regardless of how many you may take. Please note that fees associated with assessments are nonrefundable.

Your signature indicates that you have read this letter, understand its contents, and agree to abide by its terms.

Signature_____ Date_____

"NO SECRETS" POLICY WITH COUPLES AND FAMILIES

This written policy is intended to inform you, the participants in therapy, that when I agree to treat a couple or a family, I consider that couple or family (the treatment unit) to be the patient. For instance, if there is a request for the treatment records of the couple or family, I will seek the authorization of all members of the treatment unit before I release confidential information to third parties. Also, if my records are subpoenaed, I will assert the psychotherapist-patient privilege on behalf of the patient (treatment unit).

During the course of my work with a couple or a family, I may see or speak separately with a smaller part of the treatment unit (e.g., an individual or two siblings). These discussions should be seen by you as a part of the work that I am doing with the family or the couple, unless otherwise indicated. If you are involved in one or more of such discussions with me, please understand that these discussions are confidential in the sense that I will not release any confidential information to a third party unless I am required by law to do so or unless I have your written authorization. In fact, since those discussions can and should be considered a part of the treatment of the couple or family, I would also seek authorization of the other individuals in the treatment unit before releasing confidential information to a third party.

However, I may need to share information learned in an individual discussion (or a discussion with only a portion of the treatment unit being present) with the entire treatment unit—that is, the couple or the family, if I am to effectively serve the unit being treated. I will use my best judgment as to whether, when, and to what extent I will make disclosures to the treatment unit, and will also, if appropriate, first give the individual or the smaller part of the treatment unit being seen an opportunity to make the disclosure. Thus, if you feel it necessary to talk about matters that you absolutely want to be shared with no one, you may want to consult with an individual therapist who can treat you individually.

This "no secrets" policy is intended to allow me to continue to treat the couple or family by preventing, to the extent possible, a conflict of interest to arise where an individual's interests may not be consistent with the interests of the unit being treated. For instance, information learned in the course of an individual discussion may be relevant or even essential to the proper treatment of the couple or the family. If I am not free to exercise my clinical judgment regarding the need to bring this information to the family or to the couple during their therapy, I might be placed in a situation where I will have to terminate treatment of the couple or the family. This policy is intended to prevent the need for such a termination.

_____ _____

Client Printed name Signature/Date

_____ _____

Client Printed name Signature/Date

SOCIAL MEDIA AND ONLINE COMMUNICATION POLICY

Electronic Communications

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. You are also advised that any email sent to me via computer in a work-place environment is legally accessible by an employer. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Social Media

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Online Searches & Confidentiality

While my present or potential clients might conduct online searches about my practice and/or me, I do not search my clients with Google, Facebook, or other search engines unless there is a clinical need to do so, as in the case of a crisis or to assure your physical wellbeing. If clients ask me to conduct such searches or review their websites or profiles and I deem that it might be helpful, I will consider it on a case by case basis and only after discussing possible impacts to our professional relationship and your privacy.

Your signature indicates that you have read this letter and understand its contents.

Signature_____ Date_____