

Heather M. Berberet, Psy.D.
Fourth and Redwood Associates
3101 Fourth Avenue
San Diego, CA 92116
619.379.8513

Welcome to your initial consultation.

In a few minutes, you and I will be meeting for a no-fee initial consultation. This consultation will give you a chance to meet me and ask me any questions you have before you make the decision to enter counseling with me. This consultation also gives me a chance to find out why you want to do some counseling and see if I will be able to help you. This session is not a therapy session. This consultation does not mean that you have become my client or that I am your therapist. The purpose of this consultation is to meet each other before making a financial and time commitment. In order to make the most of our time, please take a few minutes to answer these questions. I will be out to get you at the time of your appointment. I look forward to meeting with you soon.

Today's Date: _____ Your Name: _____

Your address: _____

City: _____ Zip: _____

Date of birth: _____ SS#: _____

E-mail: _____

Telephone:

Discretion necessary?

Best Days/Times to call

Home: (_____) _____ Yes No _____ anytime Business Hours

Cell: (_____) _____ Yes No _____ anytime Business Hours

Work: (_____) _____ Yes No _____ anytime Business Hours

Permission for Initial Consultation

By signing below, I am stating that I understand that I am meeting with Heather M. Berberet, Psy.D. for a 30 minute initial consultation for myself and/or for my child. I understand that there is no fee for this consultation. I also understand that this consultation does not create a client-therapist relationship between myself and/or my child and Dr. Berberet and that I am/my child is not Dr. Berberet's client and she is not my/my child's therapist. I understand that if I and/or my child and Dr. Berberet chose to enter into a therapeutic relationship, I will sign additional forms that create this relationship.

Your Signature _____ Date: _____

How did you hear about me? Referral from friend/family: (name) _____

Referral from other professional: (Name) _____

Ad Website Internet Search Flyer Presentation Other: _____

Basic Information of Client

Gender:

- Female Male Transgender Male to Female Transgender Female to male Questioning

Ethnicity: _____

Sexual/Affectional Orientation:

- Heterosexual Lesbian Gay Bisexual Queer
 Unsure Unknown Other: _____

Relationship Status:

- Single, not dating Single, dating one Single, dating several
 Committed relationship Married/Registered Domestic Partner Divorced Widowed
 Other: _____

Parental Status:

- No children Biological Parent (Number of children? _____)
 Step-parent/Co-parent Foster parent Adoptive parent
 Grandparent Other: _____

Employment Status:

- Full-time Full-time parent in the home Part-time Student
 Unemployed Retired On leave/disability/sabatical

What is your average monthly income from ALL sources over the past year?

\$ _____

Sources of Income (please check all that apply) (adults only):

- Job Unemployment Family (e.g. spouse, partner, parents)
 Child Support SSI/SDI Savings Retirement Other: _____

Your home today

Please complete the table below by listing all of the people who currently live in your home

First Name	Age	Relationship to You

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Your Health:

Do you currently have any serious illnesses? Yes No

If "Yes," please describe:

Are you currently seeing a counselor or therapist? Yes No

Have you ever seen a therapist or counselor? Yes No

Have you ever stayed at a psychiatric hospital? Yes No

Please list any psychological medications you are taking right now:

Medication name	Dosage	For what reason?

Do you/your child currently drink alcohol? Yes No

Health Insurance:

Do you have health insurance? Yes No

Does your policy cover counseling? Yes No Don't know

Name of insurance company: _____

Name of policy holder: _____

Policy Number: _____ Group Number: _____

Contact number for Behavioral Health Care benefits: (____) _____

Permission to Contact Insurance Company for Explanation of Benefits

I hereby authorize Heather M. Berberet, Psy.D. to contact the above named insurance company for the sole purpose of soliciting an explanation of benefits with regards to my health insurance coverage for behavioral health care services. I give my permission for Dr. Berberet to disclose sufficient information to accurately inquire about my benefits. I understand that I will need to give additional permission in writing prior to Dr. Berberet sharing any information about myself or my treatment with the above named insurance company.

Client Name

Client Signature

Date

Information You Have a Right to Know

When you come for therapy, you are buying a service to meet your individual needs. You need good information about therapy to make the best choice for yourself and your family. That is the purpose of our meeting today. I have written down some questions you might want to ask me about how I do therapy. You are free to ask me any of these questions, and I will try my best to answer them for you. We probably won't have time to answer all of these questions today, so pick the ones that are most important to you as you think about picking a therapist.

A. About Therapy

1. What will we do in therapy? What will I have to do in therapy?
2. Could anything bad happen because of therapy?
3. What will I notice when I am getting better?
4. About how long will it take for me to see that I am getting better?
5. Will I have to take any tests? What for? What kind?
6. About how long will therapy take?
7. What should I do if I feel therapy isn't working?

B. About Other Therapy and Help

1. What other types of therapy or help are there for my problems?
2. How often do these other methods help people with problems like mine?
3. What are the risks or limits of these other methods?

C. About Our Appointments

1. How will we set up our appointments?
2. How long will our sessions last? Do I have to pay more for longer ones?
3. How can I reach you in an emergency? If I can't reach you, to whom can I talk?
4. What happens if the weather is bad or I'm sick and can't come to an appointment?

D. About Confidentiality

1. What kinds of records do you keep about my therapy?
2. Who is allowed to read these records?
3. Are there times you *have* to tell others about the personal things we might talk about?

E. About Money

1. What will you charge me for each appointment?
2. When do you want to be paid?
3. Do I need to pay for an appointment if I don't come to it, or if I call you and cancel it?
4. Do I need to pay for telephone calls to you?
5. Will you ever raise the fee that you charge me? When?
6. If I lose some of my income, can my fee be lowered?
7. If I do not pay my bill, what will you do?

F. Other Matters

1. How much training and experience do you have? Do you have a license? Other qualifications?
2. What kind of morals and values do you have?
3. To whom can I talk if I have a complaint about therapy that you and I can't work out?

The list above deals with the most commonly asked questions, but many people want to know more. Feel free to ask me any questions you have at any time. The more you know, the better our work will go.

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The Rights of Clients

1. You have the right to decide not to enter therapy with me. If you wish, I will provide you with the names of other good therapists.
2. You have the right to end therapy at any time. The only thing you will have to do is to pay for any treatments you have already had. You may, of course, have problems with other people or agencies if you end therapy—for example, if you have been sent for therapy by a court.
3. You have the right to ask any questions, at any time, about what we do during therapy, and to receive answers that satisfy you. If you wish, I will explain my usual methods to you.
4. You have the right not to allow the use of any therapy technique. If I plan to use any unusual technique, I will tell you and discuss its benefits and risks.
5. You have the right to keep what you tell me private. Generally, no one will learn of our work without your written permission. There are some situations in which I am required by law to reveal some of the things you tell me, even without your permission, and if I do reveal these things I am not required by the law to tell you that I have done so. Here are some of these situations:
 - a. If you seriously threaten to harm another person, I must warn that person and the authorities.
 - b. If a court orders me to testify about you, I must do so.
 - c. If I am testing or treating you under a court order, I must report my findings to the court.
6. If I wish to record a session, I will get your informed consent in writing. You have the right to prevent any such recording.
7. You have the right to review your records in my files at any time, to add to or correct them, and to get copies for other professionals to use.

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What You Should Know about Managed Care and Your Treatment

Your health insurance may pay part of the costs of your treatment, but the benefits cannot be paid until a managed care organization (MCO) authorizes this (says they can be paid). Your MCO sets some limits on us, and you need to know what these are before you can decide whether or not to begin therapy with me and how you would like to pay for your treatment.

Confidentiality

If you use your health insurance to help pay for psychotherapy, you must allow me to tell the MCO about your problem (give it a psychiatric diagnosis). You must also permit me to tell the MCO about the treatment I am recommending, about your progress during treatment, and about how you are doing in many areas of your life (functions at work, in your family, and in activities of daily living). I am not paid separately for collecting, organizing, or submitting this information, and I cannot bill you for these services. All of this information will become part of the MCO's records, and it will be included in your permanent medical record at the Medical Information Bureau, a national data bank. The information will be examined when you apply for life or health insurance, and it may be considered when you apply for employment, credit or loans, a security clearance, or other things in the future. You will have to indicate that you were treated for a psychological condition and release this information, or you may not get the insurance, job, loan, or clearance.

All insurance carriers claim to keep the information they receive confidential, and there are federal laws about its release. The laws and ethics that apply to me are much stricter than the rules that apply at present to MCOs. *There have been reports in the media about many significant and damaging breaches of confidentiality by MCOs.* If you are concerned about who might see your records now or in the future, we should discuss this issue more fully before we start treatment and before I send the MCO any information. You should evaluate your situation carefully in regard to confidentiality. For some people and some problems, the privacy of their communications to their therapist is absolutely essential to their work on their difficulties. For others, their problems are not ones that raise much concern over confidentiality.

Treatment

The MCO will review the information I send it and then decide how much treatment I can provide to you. *The MCO can refuse to pay for any of your treatment, or for any treatment by me. Or it may pay only a very small part of the treatment's cost, and it can prevent me from charging you directly for treatment we agree to.* Finally, it can set limits on the kinds of treatments I can provide to you. These limited treatments may not be the most appropriate for you or in your best interest. The MCO will approve treatment aimed at improving the specific symptoms (behaviors, feelings) that brought you into therapy, but it may not approve any further treatment. The MCO will almost always require you to see a psychiatrist for medication evaluations (and prescriptions), *whether you or I think this is appropriate.*

When it does authorize our treatment, the MCO is likely to limit the number of times we can meet. Your insurance policy probably has a maximum number of appointments allowed for outpatient psychotherapy, but the MCO does not have to let you use all of those. It may not agree to more sessions, even if I believe those are needed to fully relieve your problems, or if I believe that undertreating your problems may prolong your distress or lead to relapses (worsening or backsliding).

If the MCO denies payment before either of us is satisfied about our progress, we may also need to consider other treatment choices, and they may not be the ones we would prefer. We can appeal the

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MCO's decisions on payment and number of sessions, but we can only do so within the MCO itself. We cannot appeal to other professionals, to your employer, or through the courts.

You should know that my contract or your employer's contract with a particular MCO prevent us from taking legal actions against the MCO if things go badly because of its decision. *My contract may prevent me from discussing with you treatment options for which the MCO will not pay.* I will discuss with you any efforts the MCO makes to get me to limit your care in any way.

The particular MCO in charge of your mental health benefits can change during the course of your treatment. If this happens, we may have to go through the whole treatment authorization process again. It is also possible that the benefits or coverage for your treatment may change during the course of our therapy, and so your part of costs for treatment may change.

Lastly, even if we send all the forms and information to the MCO on time, there may be long delays before any decisions are made. This creates stressful uncertainty and may alter our earlier assumptions about the costs and nature of your treatment.

If, after reading this and discussing it with me, you are concerned with these issues, you may have the choice of paying me directly and not using your health insurance. This will create no record outside of my files. This possibility depends on my contract with the MCO.