



Jennifer York, LMFT, CBT
(760) 525-6442
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www.JenniferYorkLMFT.com

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

DOB: _____ Referred by: _____

Emergency Contact: _____ Phone: _____

- Fee:** The fee for a 50 minute session is \$150. Client co-pay is \$____ Payment is due at time of service.
- Therapeutic Relationship:** The general goal of therapy is the desired change presented to the therapist by the client. Where the client relies upon the therapist through her education and experience to assist in change; the therapist in turn, relies on the client to solely provide the motivation for that change. During the course of psychotherapy material discussed may be upsetting in nature; this may be necessary to resolve problems. There is no assurance that you will feel better and that your problems will be resolved however, the outcome will be greatly enhanced by your receptivity, participation and commitment.
- Cancellation Policy:** If you are unable to keep your scheduled appointment, kindly provide notification 24 hours in advance by phone, text or email. (Initial below) If 24 hour notification is not given you will be charged for the appointment at the time of the next session.
- Emergency Situations:** Jennifer York is available for emergency calls between the hours of 8am - 8pm and will return your call as soon as possible; within 8 hours. If you are in need of more immediate assistance please call 911 or The SD County Access & Crisis Line:1-888-724-7240
- Phone Calls:** Phone conversations may be needed at times during our therapy. There is no fee for phone conversations under 15 minutes. Phone conversations lasting more than 15 minutes will be prorated according to our agreed upon fee and payment is due at the time of the next session.
- Communications:** Please initial next to your preferred choices
 I agree to use: JenniferYorkLMFT@gmail.com to set up appointments, change/cancel an appointment or ask a simple question. I understand this email account is NOT HIPAA compliant.
 I prefer to NOT communicate by email.
 I agree to use 760-525-6442 for texting to set up appointments, change/cancel an appointment or ask a simple question. I understand this phone number is NOT HIPAA compliant.
 I only want to use the above phone number for actual phone calls. I do NOT want to text.
 I agree to allow voicemail message(s). I understand Jennifer York will not disclose her profession.
 I prefer to NOT receive voicemail messages.
- Confidentiality:** By law you are given the right to have communications with your therapist kept confidential and private. There are three major exceptions when the law requires that confidentiality be broken (1) intended homicide (2) intended suicide (3) any indication of child abuse, dependent adult or elder abuse, by anyone. In addition, if you are suing someone, being sued or charged with a crime and you tell your attorney or the court that you are in therapy, I may be ordered to show the court my records.

Client Signature: _____ Date: _____