

Contact Information

Name: _____
Address: _____
Birth Date: _____
Phone: _____ Alt. Phone: _____
Email: _____

May I leave a message on your primary phone? _____ Alternate phone? _____
How would you prefer to be contacted? Primary Phone? _____ Alternate Phone? _____

Emergency Contact: Name _____
Relationship: _____ Phone no/s _____

Client-Therapist Agreement

What to Expect in Working with Me

I have integrated different psychological orientations, and am guided by the gentle Focusing approach to the therapeutic process. The therapy process is something you can look forward to. You may sometimes experience discomfort and unease as you explore difficult areas of your life. I will offer you support through these challenging times. We will work together towards your healing, learning and transformation. If I cannot provide you with any service that you want or need, I'll do my best to offer you appropriate referrals.

Confidentiality

Any personal information shared with me will not be disclosed to anyone without your written permission. However, ethically and by law I must notify relevant others if I determine that there is any intention to harm yourself or another, if there is abuse or neglect of child/elder/incapacitated adult or to comply with court orders/ subpoenas.

Contacting Me

- You can reach me by phone between 9 am and 6 pm Monday to Friday. You may leave me a message and will usually hear back from me within 24 hours. I will inform you if I plan to take time off from work. You may connect through email although confidentiality cannot be assured via email.
- In case of an emergency please contact 911 or go to your nearest hospital emergency.

Payment and Cancellation Policy

- Each session lasts 60-80 minutes.
- Sessions for individuals cost \$90
- Sessions for couples cost \$120
- *Clients billing insurance have a different rate.

You can pay by Paypal on my website before your session or by check or cash at the time of your visit.

When you book an appointment that time is reserved only for you. You need to give me at least 48 hours cancellation notice, except if it is unavoidable as in the case of an emergency, to avoid paying for the session, unless I am able to fill your spot with another appointment. The place we meet will be at the location in Ypsilanti or a location we have agreed on.

Miscellaneous Agreements

- Waiver of right to sue: I acknowledge the following conditions and release Joya D'Cruz from all liability related to any claims or litigation arising directly or indirectly from my participation in counseling services.
- In the event that: you are involved in court proceedings I am not obliged to represent or testify on your behalf.
- If you have a diagnosed major physical, mental or emotional condition I expect you to receive the necessary medical treatment to manage your positive symptoms while you work with me.
- If you are receiving couple therapy I will not be able to see you concurrently for individual therapy. You and your partner will however have opportunities to meet with me individually as part of our work together.

In signing this document, I understand and agree to the above terms and wish to receive the services provided by Ms. D'Cruz. I have seen the HIPAA document and understand it.

_____/_____
Client Signature/ Date

Ms. D'Cruz may bill my insurance for services I receive from her.

Insurance: BCBS
Enrollee ID: _____
Group Number: _____

_____/_____
Client Signature/ Date