



Contact Information

Name: _____ / _____

Address: _____

Birth Date: _____ / _____

Email: _____ / _____

Phone: _____ / _____

May I leave a message on your phone: VM? Text? Or Email? _____

Emergency Contact: Name _____

Relationship: _____ Phone _____

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 to look forward to. You may sometimes experience discomfort and unease as you explore difficult areas of your life. I'll 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 extended 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

Each session lasts about 60 minutes.

-Sessions for individuals cost \$90

-Sessions for couples cost \$120

* Clients billing with insurance have a different rate depending on their plan.

* You can pay by Paypal, credit card, check or cash at the time of your visit.

Cancellation Policy and Fee

I have a 48 hour cancellation policy. Except in an emergency, you will be charged \$45 for a missed appointment. We will meet at 32 N. Washington St. Ste 13, Ypsilanti or 2727 Second ave, Ste 155, Detroit.

Miscellaneous Agreements

- 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 have opportunity to meet with me individually as part of our work together.
- In the event that you're involved in court proceedings I am not obliged to represent or testify on your behalf.

I acknowledge the following conditions and release Joya DCruz from all liability related to any claims or litigation arising directly or indirectly from my participation in counseling services.

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

_____/_____
Client Signature/Date
_____/_____
Client signature/Date

_____/_____
Parent or Guardian/ Signature and Date

Ms. DCruz may bill my insurance for services received from her. I am responsible for keeping track of my deductible and copays.

Insurance: BCBS/ BCN

Enrollee ID: _____ Group Number: _____

_____/_____
Signature/ Date