

The Center for Personal Growth
4656 30th St., San Diego, Ca. 92116
Telephone: (619) 405-6378
Fax: (619) 528-8054

WELCOME PACKET

(To be completed by client or client's parent/legal guardian)

If you are a participant in an insurance plan with "managed care" benefits, most likely the insurance coverage is for brief episodes of crisis stabilization over a twelve month period. Therefore, the client will be participating in a solution focused psychotherapeutic process.

This therapy model focuses on symptoms, solutions and positive behavioral changes.

The specifics of the treatment goals and the steps to achieve these goals will be discussed at the first appointment. Your participation and understanding of the treatment goals is essential for the best benefit of therapy. If you ever have questions about the nature of the treatment or anything else about your care, please ask at any time.

Confidentiality:

It is understood that all information between therapist and client is held strictly confidential and the therapist will not release any information about therapy unless permitted by law or:

1. It is agreed upon in writing.
2. The client presents a danger to self.
3. The client presents a danger to others.
4. Child/Elder abuse is suspected.
5. If the client is assessed to be gravely disabled.
6. If a judge determines that our discussions are not confidential, a judge may request specific information. It is understood that in cases #3 and #4 the therapist is required by law to inform potential victims and legal authorities so that protective measures may be taken.

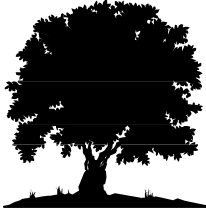
Release of Information:

I authorize the discussion of my case with referral source and other health care providers/facilities for the purposes of diagnosis and treatment. I further authorize the release of information for claims, certification/case management and for other purposes related to the benefits of my health plan. Brian Newcomer, MFT Intern is hereby authorized to disclose any treatment information and reports that are necessary for the purpose of providing for continuity of treatment care and for evaluating and administering claims for insurance benefits. If not revoked previously, this authorization is valid for seven (7) years as prescribed by law.

"Dedicated To Improving Your Mental Health"

www.centerforpg.com

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Consent for Treatment:

I further authorize and request that my therapist carry out psychological examinations, treatment and/or diagnostic procedures which now or during the course of my care as a client are advisable. I understand that the purpose of these procedures will be explained to me upon my request and subject to my agreement. I also understand that while the course of therapy is designed to be helpful, it may at times be difficult and uncomfortable.

General Consent (If the client is a child or dependent of beneficiary)

On the client's behalf, I (the legal guardian or legal representative) legally authorize Brian Newcomer, MFT Intern to deliver mental health care services to the client. I also understand that all policies in this statement apply to the client I represent.

Financial Terms

I have agreed to the fee of \$_____per session. I will make this payment at each appointment unless arrangements for a payment schedule have been made with this therapist. Cash or Check only. No credit cards or ATM/Debit cards are accepted.

Emergency Procedures

Please contact Brian Newcomer, MFT Intern by leaving a message at (619) 405-6378. This therapist will make every effort to respond to your message in a timely manner. If an emergency situation arises and for some you are unable to contact this therapist by voice mail or you need a very immediate response, you can also call the "crisis team" at 1-800-479-3339 or emergency services at 911.

Cancelled/Missed Appointments

In the event of a "no show" or failure to give 24 hours notice of a cancellation, a \$30.00 charge will be made. An appointment will be considered a "no show" if the client is 20 or more minutes late. Please be advised that most insurance companies do not pay for "no show" or missed appointments and this fee will be charged directly to you.

I understand and agree to all the above information

Client/Legal Representative Signature

Date

Brian Newcomer, MFT Intern

Date

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