

## **CLIENT INFORMATION SHEET**

Welcome. The purpose of the next 2 pages is to briefly acquaint you with my services. Please review the information and discuss any questions or comments with me during our first session or anytime during the counseling process.

### **The Counseling Process**

I congratulate you on the courage it has taken to decide to enter counseling. You have already made a commitment to helping yourself by making the decision to face a difficult issue in your life. Chances are that you are not feeling so good right now and are hoping to get some relief. I am optimistic that you will feel better as a result of your counseling efforts as you open up to the therapeutic experience.

This opening up typically takes some time as you get to know me and trust me. Our first session will be an interview process; you are interviewing me to make sure I am the right therapist for you, and I will be assessing your situation to make sure I believe I can help you. At the conclusion of today's session we will decide together whether we are a good "fit". If so, we will enter into a therapeutic relationship and we will make a commitment to the counseling process.

Once we enter this therapeutic relationship, my commitment to you is that I will not abandon you in your therapy. I will be here for you for as long as you need me. Further, I will never ask you to do anything that you are not ready to do. If there is something I want you to do, and I believe you are capable of, I may encourage/push you to take action – but I will never require that you take any action until you are ready. What I ask from you, is that you join me in a commitment to make me obsolete as soon as possible. We need to work together, as a team, to bring you to a place where you no longer need me. I am not leaving you, you can back any time for a "tune up"!

My preference is to provide a therapy services only, therefore, I do not document disability claims. In addition, I am not an expert witness; I will not go to court to testify on your behalf or perform evaluations of competency.

If at any time during your counseling process you would like to see your client record, I will make that available to you during a therapy session.

Last, I like to mention that you may find that you "feel worst, before you feel better" during your counseling process. This is normal and expected. I mention this now in hope that when this occurs for you, you will not abandon your growth process, rather you will walk through it to find freedom and healing.

### **Confidentiality**

Your presence in counseling as well as the content of your sessions is confidential. This is a legal and ethical standard that I take very seriously. If you would like me to discuss our sessions with another professional (such as another therapist, doctor, or hospital) or a family member, I will do so only with your written permission.

There are 2 legally mandated exceptions to confidentiality: (1) If you present intentions to harm yourself or others, or (2) If you report child or vulnerable adult abuse I am required, by law, to take action to protect those persons involved.

### **Electronic Communication**

There may be times when we exchange information by email, text, or other electronic means. I do not oppose text messaging, in fact I find it rather convenient for scheduling issues; but only for scheduling issues. Email correspondence is also often a convenient way for us to exchange information. However, you need to be aware that confidentiality cannot be guaranteed in email transmissions, Skype sessions, or any other internet based communication.

### **Consultations**

As a counseling professional, I intend to provide you with the best possible treatment. As part of my standards I may discuss my client cases with a professional colleague to gain additional knowledge, perspective, and/or insight. In these sessions, I maintain client confidentiality by not providing any identifying information about you.

### **Scheduling**

Sessions are 50 minutes long and are scheduled on the hour. If you need to reschedule a session, please notify me no less than 24 hours in advance. This will allow me to utilize the time for another client. ***If you do not cancel an appointment with at least 24 hours notice or if you “No Show” for an appointment, I will request payment for the missed session before scheduling your next visit.***

If I need to reschedule a session I will provide you with the same 24 hour notification courtesy.

### **Fees**

Please provide payment for counseling services to me personally by ***check or cash*** at the time the services are received.

Fees are:

Initial Assessments: \$200 (90 minutes)

Individual, Family, and Couples Therapy sessions: \$125 (50 minutes)

Group Therapy: \$60 (90 to 120 minutes)

A \$25 fee will be added for all returned checks

### **Billing**

As one way of ensuring your privacy, I do not bill insurance companies or any third party payers for counseling sessions. If you would like to be reimbursed by your insurance company for your counseling sessions, I will provide you with a Billing Statement that you may submit. Many insurance plans offer payment for out of network providers.

### **If You Need To Contact Me**

If you need to reach me for any reason you may contact me by dialing ***my cell phone number 602-696- 5532***. If I am not available to take your call please leave me a voice message and I will return your call as soon as possible.

If you need to speak to a mental health professional immediately contact ***Banner Helpline at 602-254-4357 (HELP)***

**If I Need To Contact You** - Please provide me with the following information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Birthdate \_\_\_\_\_

Emergency Contact Name & Phone \_\_\_\_\_

\_\_\_\_\_

How did you hear about me? \_\_\_\_\_

**I have received the Client Information Sheet:**

Client Signature

\_\_\_\_\_

Date

Parent/Guardian Signature, if under 18 years old

\_\_\_\_\_

Date

Please return this last page to me.

Thank-you,  
Dr. Zazzera