

## **INFORMED CONSENT CONTRACT**

**Peter L. Hoffman, MFT**  
**License: LMFT97173**

Welcome.

I am governed by various laws and regulations and by the code of ethics of my profession. I am required to inform you about specific office policies and how these procedures may affect you.

**CLIENT'S RIGHTS:** Our relationship is strictly voluntary and you are free to discontinue psychotherapy at any time.

**LIMITS OF CONFIDENTIALITY:** Therapy sessions are strictly confidential except under certain legally defined situations involving self-harm or harm to another, and cases of child abuse, elder abuse or abuse of otherwise dependent individuals. In the case of self-harm, I am ethically bound to inform those in a position to help, or to otherwise enlist methods to prevent self-harm or suicide. In the case of danger to others, I am required by law to notify the police and to inform any intended victim(s). In instances of child abuse, elder abuse, or dependent abuse, I must notify the appropriate social service agencies. Other situations that require me by law to reveal information about you to others include a legitimate subpoena by a court of law or if you are being treated by court order.

**PROFESSIONAL FEES AND SERVICES:** Payment for a session is due at the time of that session. Payment by personal check or credit card is preferable. Fees will be increased once a year.

**CANCELLATION POLICY:** If you need to cancel or reschedule an appointment, please notify me as soon as possible. You will be charged for any missed sessions that are not canceled or rescheduled at least 24 hours in advance. This is necessary because a professional time commitment is set aside and held exclusively for you.

**CONTACTING ME:** I will return calls as soon as possible should you need to speak between sessions. I will make every effort to return your call on the same day it was received, with the exception of weekends and holidays. In case of an immediate emergency, if you cannot reach me and feel that you cannot wait for me to return your call, please call 911 or the nearest emergency room. In the event of a lengthy telephone session, the hourly session fee will be charged. If I am unavailable for a length of time, I will provide the name of a colleague to contact if necessary.

**PARKING:** There is no parking in the back lot of the building. Please park only at designated spots on the street or in the surrounding neighborhood.

If you have any questions regarding the above or any other questions or concerns, please feel free to mention them to me.

I HAVE READ, UNDERSTOOD AND AGREED TO THE CONDITIONS STATED ABOVE.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**INFORMATION FORM**

Date\_\_\_\_\_

Name\_\_\_\_\_

Date of Birth\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: Home\_\_\_\_\_

Work\_\_\_\_\_

Cell\_\_\_\_\_

Would it be acceptable to give my name and reason for calling if I were to leave you a message? Yes\_\_\_\_ No\_\_\_\_

Individual to Contact in Case of Emergency:

Name\_\_\_\_\_ Relationship\_\_\_\_\_

Telephone Number(s)\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

MEDICAL PROBLEMS

MEDICATIONS PAST/PRESENT

PLEASE CIRCLE THE LEVEL OF SYMPTOMS YOU ARE CURRENTLY EXPERIENCING:

	<u>None</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>
Sadness or Depression	0	1	2	3
Suicidal Thoughts	0	1	2	3
Sleep Problems	0	1	2	3
Change in Appetite	0	1	2	3
Weight Change	0	1	2	3
Inability to Concentrate	0	1	2	3
Obsessive Thoughts	0	1	2	3
Tension/Anxiety	0	1	2	3
Memory Problems	0	1	2	3
Compulsive Behavior	0	1	2	3
Feelings of Hostility	0	1	2	3
Acts of Violence	0	1	2	3
Social Isolation	0	1	2	3
Strange Thoughts	0	1	2	3
Sexual Problems	0	1	2	3
Panic Attacks	0	1	2	3

SUBSTANCE USE ASSESSMENT (Please Circle):

Alcohol Use	Never	1-4 per month	2-3 per week	Daily	
Level of Consumption	None	1-2 per sitting	3-4 per sitting	5+ per sitting	
Substances Used	None	Marijuana	Sedatives	Stimulants	Cocaine
		Methamphetamine	Hallucinogens	Heroin	
Frequency of Use	Never	1-4 per month	2-3 per week	Daily	