

Amy Zavada, PhD, LMFT

Phone: (312) -768-8172

E-mail: dramyzavada@gmail.com

Welcome! This sheet contains important and helpful information regarding contacting me and our work together, so please read it carefully and keep it for your records.

Therapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of therapy often requires discussing the unpleasant aspects of your life. However, therapy has been shown to have benefits for those who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, and resolutions to specific problems. But, there are no guarantees about what will happen. Therapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

The best way to reach me is at the phone number listed above. If you do not reach me directly, please leave a message and I will return your call as soon as possible. I am generally unavailable on Fridays, Saturdays, and Sundays, or after regular business hours on weekdays. If you need to speak with me at length, the best thing to do is to schedule an appointment. If you have an emergency, please call 911 or go to the nearest emergency room.

Our therapy appointments will be scheduled for 50 minutes. The cost is \$150 per session. If you need to cancel or re-schedule your appointment, please provide the courtesy of 24 hours advance notice as your appointment is time I have set aside for you. If you are unable to provide 24 hours advance notice, you will be charged for the session. Several missed appointments may lead us to evaluate together what may be getting in the way of your appointments and whether we should continue working together. Please arrive on time for your appointments, or I may not be able to see you that day. There may be some flexibility, but I can only guarantee the availability of the remainder of your designated appointment time. If you have any questions or concerns, please do not hesitate to contact me. I look forward to working with you!

Sincerely,

Amy Zavada, PhD, LMFT

_____ *Please initial to verify you have read and understand the material

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CLIENT RIGHTS

You Have the Right To:

- Receive respectful therapy that will be helpful to you.
- A safe therapy setting.
- Ask for and get information about my qualifications, including my license, education, training, experience, membership in professional groups, special areas of practice, and limits on practice.
- Have written information, before entering therapy, about fees, confidentiality, method of payment, insurance coverage, and cancellation policies. This information is included in the Administrative Policies and Notice of Privacy Practices.
- Share with me aspects of our sessions that you believe are helpful for you and which aspects are not.
- Refuse to answer any question or give any information you choose not to answer or give.
- Ask that I inform you of your progress.
- File a complaint with the government or my professional association if you believe that you have been treated unethically.
- Refuse any treatment offered or suggested.
- End therapy at any time. The only thing you will have to do is to pay for any session you have already received.
- Ask any questions, at any time, about what we do during therapy, and have any therapy procedure or method explained.
- You have the right to keep what you tell me private. Generally, no one will learn of our work without your written permission. Refer to the Notice of Privacy Practices for exceptions.

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NOTICE OF PRIVACY PRACTICES

This notice describes how medical and health information about you may be used and disclosed. This notice summarizes the rights you have as a consumer of services with Amy Zavada, PhD, LMFT. Patient confidentiality is respected and medical information is only released about you in accordance with Illinois and federal law. This notice describes policies related to the use of the records of your care generated by treatment by Amy Zavada, PhD, LMFT.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In order to effectively provide you quality and responsible care, there are times when Amy Zavada, PhD, LMFT will need to share your medical information with others outside of the practice. This includes:

Treatment. Medical information about you may be used and disclosed to provide, coordinate, or manage your care or any related services, including sharing information with others outside the practice for consultation or referral purposes. If you are found to be a danger to yourself, anyone else, or are unable to care for yourself, Amy Zavala, PhD, LMFT may contact your family members or other close contacts, 911, or the appropriate authorities on your behalf to maintain the safety of you and others, disclosing only protected health information that is directly relevant to the situation.

Payment. Information will be used to obtain payment for the treatment and services provided. This can include contacting your health coverage plan for prior approval of planned treatment or for billing purposes.

Healthcare Operations. Information about you may be used to coordinate business activities. This may include setting up appointments and reviewing care.

INFORMATION DISCLOSED WITHOUT YOUR CONSENT

Under Illinois and federal law, information about you may be disclosed without your consent in the following circumstances:

Emergencies. Sufficient information may be shared to address the immediate emergency you are facing.

Follow Up Appointments/Care. You may be contacted with future appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. I may leave messages on your voicemail or send you e-mail unless you tell me not to do so.

As Required by Law. This would include situations where a subpoena or court order exists, or where mandated to provide public health information, such as communicable diseases or suspected abuse and neglect such as child abuse, elder abuse, or institutional abuse.

Criminal Activity or Danger to Others. If a crime is committed on the office's premises or against Amy Zavala, PhD, LMFT, I may share information with law enforcement to apprehend the criminal. I also have the right to involve law enforcement when I believe an immediate danger may occur to someone.

_____ *Please initial to verify you have read and understand the material

CODE OF ETHICS

High professional standards are maintained and promoted. Amy Zavala, PhD, LMFT strives to provide the best service possible in accordance with the American Association for Marriage and Family Therapy Code of Ethics.

COUPLE & FAMILY THERAPY CONFIDENTIALITY: UNIQUE APPLIED CONCEPTS & LIMITATIONS. Marriage and family therapists have unique confidentiality concerns. This is because the client in a therapeutic relationship may be a couple or a family and therefore more than one person may be participating in therapy sessions.

This section is intended to inform you, the participants in family therapy or couple therapy, that when I agree to work with a family or a couple, I consider that family or couple (the treatment unit) to be the client. For instance, if there is a request for the treatment records of the family or the couple, I will seek the authorization of all members of the treatment unit before I release confidential information to third parties. Also, if my records are subpoenaed, I will assert the psychotherapist-patient privilege on behalf of the client (the treatment unit). All participating family members within family therapy, and partners within couple therapy, have rights to protection of their confidential information under the concept of privileged communications. If release of case information (drawing from therapy sessions where more than one person in the family is participating in the family therapy sessions) is requested by any of the participating family members or by a third party, for the family therapist to release confidential case information, each participating family member must agree to the waiver (permission for release of information). Without such a waiver (permission for release of information) from each participating family member who is legally competent to execute a waiver, marital and family therapy therapists shall not disclose information from any family member. If a waiver has been obtained in writing, confidential information shall be revealed only with the terms of the waiver.

During the course of my work with a family or a couple, I may see a smaller part of the treatment unit (e.g., an individual or two or more participating family members) for one or more sessions. These sessions should be seen by you as a part of the work that I am doing with the family or the couple, unless otherwise indicated. If you are involved in one or more of such sessions with me, please understand that generally these sessions are confidential in the sense that I will not release any confidential information to a third party unless I am required by law to do so or unless I have your written authorization. In fact, since these sessions can and should be considered a part of the family or couple therapy, I would also seek the authorization of the other individuals in the treatment unit before releasing confidential information to a third party.

If I am to effectively serve the relational unit (family or couple) being treated, there are times when I may need to share information learned in an individual, separate session (or a session with only a portion of the treatment unit being present) with the entire relational unit. I will use my best judgement as to whether, when, and to what extent I will make disclosures to the treatment unit, and will also, if appropriate, first give the individual or smaller part of the treatment unit being seen, the opportunity to make the disclosure. Thus, if you feel it necessary to talk about matters that you absolutely want to be shared with no one you might consider seeking the consultation of an individual therapist. This policy is intended to allow me to continue to treat the client (the family or couple unit) by preventing, to the extent possible, a conflict of interest where an individual's interests might not be consistent with the interests of the unit being treated. For instance, information learned in the course of an individual session may be relevant or even essential to the proper treatment to the family or the couple. If I am not free to exercise my clinical judgement regarding the need to bring this information to the family or the couple during their therapy, I might be placed in a situation where I will have to terminate treatment of the family or the couple. This policy is intended to prevent the need for such a termination.

_____ *Please initial to verify you have read and understand the material

1. Consent for Treatment

I authorize Amy Zavada, PhD, LMFT to provide treatment as deemed necessary and/or in my best intent.

2. Release of Insurance-Related Information

- I authorize Amy Zavada, PhD, LMFT to release any information about me to my insurance company to process claims.
- I authorize insurance payments to be made directly to Amy Zavada, PhD, LMFT on my behalf.
- I understand that I am responsible for paying any amount not covered by my insurance.

3. Payment and Cancellation

- Payment of \$150 due in full at end of each session. If using insurance co-payment is due at the end of session.
- I provided credit card information and selected a payment option.
- Session are scheduled for 50 minutes. Sessions shortened by me (client) will be charged a full session fee.
- If unable to provided 24 hours cancelation noticed, I will be responsible for paying the full session fee.

4. Policies

- I have received and read New Client Welcome Letter.
- I have received and read My Rights as a Client.
- I acknowledge that I have been provided with a written copy of the Notice of Privacy Practices by Amy Zavada, PhD, LMFT explaining how information about me may be used and disclosed, and how I can get access to this information. I understand that I may request another written copy of the Notice and Privacy Practices at any time. I have reviewed the information and have also had the opportunity to ask and obtain answers to any questions I have related to my protected health information.

Patient Signature: _____
Date: _____

Patient Signature: _____
Date: _____

Clinician Signature: _____
Date: _____

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CLIENT REGISTRATION AND PRELIMIATION INFORMATION

Client Name _____

Date of Birth _____ Gender _____

Sexual Orientation _____ Race/Ethnicity _____

Address _____

Home Phone _____ Cell Phone _____ Email _____

Referred By _____

(How did you Find Me?)

Reason(s) for seeking therapy:

To contact you or schedule appointments, where may I call?

Home _____ Work _____ Cell _____

May I leave of message on your voicemail? Y N (circle one)

May I leave a message with someone at this number? Y N (circle one)

May I contact you by email for scheduling/rescheduling appointments? Y N (circle one)

Whom may I contact in case of an emergency? _____

Address: _____

Phone: _____ Relationship to Client _____

Please list current and/or chronic health problems:

List current prescription medications, vitamins, supplements, and health aids you use/take:

List any activities you engage in to promote physical or mental health (e.g. exercise, diet meditation, etc.):

Have you ever had previous counseling or therapy? Y N (circle one)

If yes, when/how long: _____

Past psychiatric hospitalization? Y N (circle one)

If yes, when/where: _____

Have you ever made a suicide attempt/gesture? Y N (circle one)

If yes, when/where: _____

How frequently do you drink alcohol, use illegal drugs, or use prescription drugs for recreation?

Daily 4-6 days per week 1-3 day per week Never

Personal Concerns (circle those that apply):

- | | |
|------------------------------|--|
| Depression | Concerned about alcohol/drugs |
| Anxiety | Concerns about relationship with my partner |
| Work or academic problems | Concerns with my relationships siblings or parents |
| Poor concentration | Concerns with my relationships with friends |
| Motivation | Concerns about sex or sexuality |
| Difficulty making decisions | Concerns about finances |
| Feeling sad or blue | Medical/Physical Concerns |
| Feeling overwhelmed | Spiritual concerns |
| Lack of meaning in my life | Interpersonal violence/physical or emotional abuse |
| Irritable, angry | Cultural concerns |
| Lonely, don't feel connected | Health concerns |
| Lack self-confidence | Loss and grief |
| Emotional expression | Suicidal thoughts and/or actions |
| Problems with eating or food | |

Other (please describe):