



AFTER IOP

Keep. Getting. Better.

Please complete this form and email it to jessesandlerlcsw@gmail.com or mail it to Jesse Sandler at 13749 Riverside Drive #201L, Sherman Oaks, CA 91423 prior to attending your first group.

NEW CLIENT INFORMATION

Date: _____ Name: _____
First Middle Last

Address: _____
Number Street (Apt #) City State Zip

Email address: _____ Phone #: _____

Birth date: _____ Occupation: _____

How did you hear about After IOP? _____

In case of emergency contact: _____
Name Relationship to you Phone #

Therapist name: _____ Therapist phone #: _____

Psychiatrist name: _____ Psychiatrist phone #: _____

Current medications:

Medication	Dosage



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Current diagnoses/conditions:

Do you have any significant medical issues? Yes No

If yes, please give details:

Have you ever thought about or attempted suicide? Yes No

If yes, please give details:

Have you experienced any traumas in your life (e.g. abuse, violence, family dysfunction, divorce, losses)? Yes No

If yes, please give details:

Do you have any history of violent behavior towards others? Yes No

If yes, please give details:



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Marital status: Single Married Domestic Partner Coupled Divorced Widowed

Please share any additional relationship information about past and present significant relationships, including any difficulties (e.g. discord, unfaithfulness, sexual problems):

Have you had any involvement with the legal system? Yes No

If yes, please give details:

Please provide any history of substance abuse:

<u>Substance</u>	<u>Age of first use</u>	<u>Last use</u>	<u>Pattern (amount/frequency)</u>
Alcohol			
Marijuana			
Hallucinogens			
Amphetamines/Stimulants			
Opiates			
Cocaine			
Prescription drugs			
OTC/other			

Is there any other information you think would be helpful for me to know?



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Why are you participating in group therapy/what do you hope to accomplish?

I acknowledge that I have read and completed all of the above and that the information on this form is correct to the best of my knowledge.

Client signature

Date



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NOTICE OF PRIVACY PRACTICES (HIPPA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you, or to family and friends you approve.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. You also have the right to request restrictions on disclosure of PHI (Personal Health Information), or alternative means of communication to ensure privacy.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law or national security activities.

Abuse or Neglect: We may disclose your health information to appropriate authorities when we suspect abuse or neglect.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (Such as voicemail messages, postcards, or letters).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information with limited exceptions. If you request copies, we will charge you a reasonable fee to locate and copy your information, and postage if you want the copies mailed to you.

Amendment: You have the right to request that we amend your health information.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed in the footer of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us with the U.S. Department of Health and Human Services.



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TREATMENT AGREEMENT

I understand and agree to the following:

1. **Primary therapist requirement:** I am required to have my own primary therapist in order to participate in After IOP, and consent to Jesse Sandler, LCSW communicating with that therapist as he sees fit. I agree to see a psychiatrist if my primary therapist so recommends.
2. **No emergency care:** Jesse Sandler, LCSW and After IOP do not provide emergency care. I am responsible for dealing with emergency situations by either calling 911, proceeding to an emergency room, or putting in place some other designated emergency plan. In the event that I need additional support outside of After IOP group hours, I will contact my primary therapist and/or psychiatrist.
3. **Voluntariness and honesty:** Entering into psychological treatment is a voluntary activity, and therapy is built on honest disclosure by all involved.
4. **Confidentiality and disclosure:** Jesse Sandler, LCSW will not disclose the details of my therapy without my consent, unless the safety of myself or others is thought to be at risk. Jesse Sandler, LCSW is legally obligated to bring any concern regarding a suspected danger to myself or another person, suspected child abuse, or suspected elder abuse to the attention of relevant authorities. Further, any records that Jesse Sandler, LCSW keeps of my participation in After IOP are subject to court subpoena.
5. **Fees:** You may sign up for After IOP groups as an 8-session package for \$650 (\$81.25 per session), or you may pay for sessions individually for \$90 per session. If you purchase an 8-session package, payment is due in full before you start at After IOP. If you choose to pay per session, payment is due before the start of each group.
6. **Insurance:** I do not accept insurance directly. However, at the end of each month, I will email you a document that contains the information you need to submit to your insurance provider for any reimbursement for which you may qualify for your participation in After IOP for that month. Regardless of your insurance coverage and regardless of whether you qualify for reimbursement, you are solely responsible for any charges incurred.
7. **Cancellation policy:** If I cannot attend a session, I will notify Jesse Sandler, LCSW at least 24 hours in advance, otherwise I will forfeit my payment for that session. I understand that insurance will not reimburse me for late cancellations or missed sessions.
8. **Treatment risks:** Participation in psychotherapy can result in a better understanding of your personal goals and values, improved interpersonal relationships, and resolution of the specific concerns that led you to seek treatment. However, psychotherapy does involve some risks,



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including possible experience of intense feelings such as sadness, anger, fear, or guilt. Please remember that these experiences are natural and normal and an important part of the psychotherapy process. Sometimes in psychotherapy, clients choose to make major life decisions including decisions about family, relationships, employment, and lifestyles. Decisions made during the psychotherapy process may result from calling to question old beliefs and values that may bring about changes not originally intended. The ultimate outcome of psychotherapy cannot be guaranteed.

9. **No illicit substances:** Group members may not use illicit drugs or alcohol before or during group.
10. **What happens in group stays in group:** Group members may not engage in discussion of group issues outside of group.
11. **No inappropriate relationships:** Group members may not engage in inappropriate or sexual relationships with other group members. Group members may not engage in business relationships with other group members.
12. **Participation:** My participation in After IOP is conditioned on my following these parameters. I may be asked to leave the group(s) if I fail to do so.

I have read the above information, understand the information, and agree to the terms of the Treatment Agreement. I have also read, understood, and agreed to the "Notice of Privacy Practices" and have received a copy for my records.

Client signature

Date



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INFORMED CONSENT FOR GROUP COUNSELING

Welcome to After IOP!

Group counseling can be a powerful and valuable venue for healing and growth. Group therapy provides:

- A safe environment in which you are able to feel respected and valued.
- An understanding of group goals and group norms.
- Investment by both me and other group members to produce a consistent group experience.

A SAFE ENVIRONMENT

- A safe environment is created and maintained by both me and the other group members. Mutual respect, trust, and confidentiality are key facets to this safe environment. I am bound by law to maintain confidentiality, and other group members are bound by honor to keep what is said in the group within the group. I realize you may want to share what you are learning about *yourself* in group with a significant other. This is fine as long as you remember not to talk about how events unfolded in a group or in any other way compromise the confidentiality of other group members.
- I have asked you to sign a release form so I can speak with your individual primary therapist. This is a safeguard for you, which allows consultation between myself and your individual therapist, should the need arise. This also provides you with extra support, should a difficult issue come up that may need more individual attention.

LIMITS OF CONFIDENTIALITY

- If you appear to be a threat to yourself or others (showing suicidal or homicidal intent), I may need to report your statements and/or behaviors to your therapist and/or other appropriate mental health or law enforcement professionals.
- There are a broad range of events that are reportable under child protection statutes. Physical or sexual abuse of a child will be report to CPS. When the victim of child abuse is over 18, reporting is not mandatory unless there are minors still living with the abuser who may be in danger. Elder abuse is also required to be reported to the appropriate authorities.
- If a court of law orders a subpoena of case records or testimony, I will first assert “privilege” (which is your right to deny the release of your records). I will release records if a court denies the assertion of privilege and orders the release.
- Records may also be released with your written permission. Records, if any, will include only your personal progress in group, not information about other group members.



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ATTENDANCE

- Your consistent presence in group is highly important. Therefore, I ask that you make this commitment a top priority for the duration of the group. It is understood that occasionally an emergency may occur that will prevent you from attending group. If this happens, please contact me before the group begins and let me know you will not be there.

WHAT TO EXPECT

- Group time consists of both teaching and processing time. Processing may revolve around an issue one member of the group is working on, with time for structured feedback and reactions by other members of the group. At other times, the group may focus on a topic with all members verbally participating. In either case, the group dynamic offers a place where you can experience support, give support, understand more clearly how you relate to others, and examine your own beliefs about yourself and the world around you.
- Remember, the more you give of yourself during your sessions, the more you will receive. The more open and honest you are, the more you allow for insight and growth.

FEES

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- If you purchase an 8 session package, payment is due in full before you start at After IOP. If you choose to pay per session, payment is due before the start of each group.

I have read the above information, understand the information, and agree to the terms of the group participation. I have also read, understood, and agreed to the “Notice of Privacy Practices” and have received a copy for my records.

Client signature

Date



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AUTHORIZATION TO RELEASE INFORMATION

Name: _____ Birth date: _____

Address: _____

Initial all the options below to which you agree, and fill in the relevant information:

_____ I authorize Jesse Sandler, LCSW, and approved staff, to **release and/or obtain medical records** from and to **communicate** (including but not limited to face-to-face, phone, text, and email) with **any physician, mental health provider, health care facility, insurance carrier, or school that has assisted, or will assist in the future, with the above client**, including but not limited to the following providers and agencies:

_____ I authorize Jesse Sandler, LCSW, to **communicate** (including but not limited to face-to-face, phone, text, and email) with the following **family members**:

I retain the right to revoke this consent at any time except to the extent that Jesse Sandler and/or approved staff have already taken action in reliance on it. I have carefully read and understand the forgoing information. I release After IOP, Jesse Sandler, and staff from any liability for the release or exchange of information made in accordance with this authorization form.

Client signature

Date