Deborah L. Klinger, M.A., LMFT, PC

1415 Broad St.

Durham, NC 27705

919-990-1143 www.deborahklinger.com

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_

Phone#: Main \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Part time \_\_\_\_\_\_ Full time \_\_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_ Living w/partner \_\_\_\_ Divorced/separated \_\_\_\_\_ Other \_\_\_\_

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

Are you currently taking any medication? Y/N If yes, please specify the medication(s) and the reason you are taking it/them:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and # of the doctor who prescribes your medication:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_I give Deborah Klinger, M.A., LMFT permission to contact this person for the purposes of coordination of my care.

Medical conditions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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IFS Group Intake, p.2

Name of the doctor who treats you for these conditions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of your individual psychotherapist, if applicable:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Experience with/training in/knowledge of the Internal Family Systems model:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What is your experience with support groups and/or group therapy?

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Is there anything else you feel would be helpful for me to know about you?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, contact (name/phone#/relationship to you):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_I give Deborah Klinger, M.A., LMFT permission to contact this person in case of emergency

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**Office Policies for Group Therapy**

**Length of Sessions**: Group runs 1-1/2 hours. Please be on time, as a courtesy to me and the other members, as well as to yourself, as we start each session with a mindfulness practice.

**Cancellations**: If you have a previously scheduled conflict and tell me and the other group members by the group session preceding your absence, you won’t be charged for the session you’ll be missing. In case of an emergency or an urgent situation requiring your absence, you won’t be responsible for payment for the missed group. Please let me know as soon as you know that you’ll be unable to attend a session. If you need to reach me within 24 hours of a scheduled group for any reason, do not email or call my voice mail, **call or text my cell phone: 919-452-5943.**

**Confidentiality:** The normal confidential relationship between client and therapist does not cover disclosures of child or elder abuse or neglect, or intent to harm another or oneself. Your group intake form gives me permission to speak to other providers, including your individual psychotherapist, however, it’s advisable for me to obtain written permission for me to speak to them. I may consult with other professionals about you without your explicit permission so long as I do not give details that would reveal your identity. I may contact your designated emergency contact person in case of emergency, including situations in which I am unable to reach you and have justifiable concerns about your wellbeing.

**Phone calls and Texting**: The telephone number above is voice mail only. Please don’t use it, rather call or text my cell phone: **919-452-5943**. Please use the **Signal** app, for secure texting. This will ensure that our communications are encrypted and thus best meet HIPAA guidelines. I do not always have time to check my email and voice mail, but I always have my phone with me. I charge for any phone calls or texting taking more than 7 minutes.

**Insurance**: I am not in-network with insurance plans (other than the Duke University student mental health plan, ACS Benefits Services). I’ll be glad to supply you with a statement that you can use to file claims with your insurance plan using your out-of-network benefits.

**Email:** Please use my Hushmail account, [**dklinger@deborahklinger.com**](mailto:dklinger@deborahklinger.com)**.** While it has normal levels of email encryption, it also has the option of an additional layer of encryption, making email correspondence secure. If you choose this option, you’ll need to create a password to unlock emails from me. Please indicate by initialing here whether you accept \_\_\_\_ or decline \_\_\_\_\_\_ secure emailing. I charge for any email correspondence taking more than 7 minutes.

I understand and acknowledge the above:

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_