

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 _____ Other _____

Email address _____

Date of Birth _____

Occupation _____ Part time ___ Full time ___ Retired ___

Single ___ Married ___ Living w/partner ___ Divorced/separated ___ Other ___

How/where did you hear about me/this group?

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 as needed for the purposes of coordination of my care.

Medical conditions: _____

Intake, p.2

Name of the doctor who treats you for these conditions:

_____ I give Deborah Klinger, M.A., LMFT permission to contact this person as needed for the purposes of coordination of my care.

Name of your individual psychotherapist:

_____ I give Deborah Klinger, M.A., LMFT permission to contact this person as needed for the purposes of coordination of my care.

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

What does being a crone mean to you?

What draws you to this particular group?

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

Office Policies

Deborah L. Klinger, M.A., LMFT, PC
1415 Broad St.
Durham, NC 27705
(919) 990-1143 (VM) www.deborahklinger.com

This document is a summary of my working arrangements with group members. It is intended to assist in clarifying the questions that commonly arise in a therapeutic situation.

Length of Sessions: Group runs 1-1/2 hours. Please do your best to be on time, as a courtesy to me and the other members, as well as to yourself, as we start each group with a period of mindfulness and centering.

Cancellations: Except in case of an emergency, a minimum of one week's notice, i.e., at the previous session, is required or you are responsible for payment for the missed 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, instead, **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/texting: The telephone number above is voice mail only. Please don't use it, instead, call or text my cell phone: **919-452-5943.** For texts, I prefer that you download and use the free, secure app, **Signal.** All communications on Signal are encrypted and meet HIPAA guidelines for secure communication. I do not always have time to check my email, but I always have my phone with me.

Insurance: I am not in-network with insurance plans. I'll be glad to provide you with a monthly statement to submit for claims using Out-of-Network benefits upon request.

Email: I cannot guarantee that email correspondence will be confidential. The nature of the internet makes it impossible for me to control what happens to information as it flows through cyberspace. My Hushmail account, **dklinger@deborahklinger.com**, has standard encryption plus an optional feature for secure emailing. You have the option of accepting or declining the use of this feature for email communication. (I routinely use the secure option if the email contains sensitive information, e.g., insurance-related information.)

I prefer that we always use the secure option when emailing:

_____Y

_____N

I understand and acknowledge the above:

Printed name: _____

Signature: _____ Date: _____