

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 \_\_\_\_\_ Social Security # \_\_\_\_\_

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:

\_\_\_\_\_

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\_\_\_\_\_ 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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Name of the doctor who treats you for these conditions:

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

Name of your individual psychotherapist:

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Eating disorder/eating and body concerns and treatment history:

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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?

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

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

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Durham, NC 27705

(919) 990-1143

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This document is a summary of my working arrangements with clients. 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, 6-7:30 p.m. Please 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:** See the Group Guidelines for details about the group cancellation policy. It is different from my, and most, individual therapy cancellation policies. 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. Please see the Group Guidelines for additional information regarding group confidentiality policies.

**Phone calls:** The telephone number above is voice mail only. I check my voice mail regularly, and will return any messages as soon as possible. If you want to reach me immediately, call or text my cell phone: 919-452-5943. I do not always have time to check my email and voice mail, but I always have my phone with me.

**Insurance:** If you are using insurance, and I have filed claims accurately and appropriately, and for any reason your insurance company fails to pay me for my services, you are responsible for payment.

**Email:** I cannot guarantee that email correspondence will be confidential. My gmail account, **deborah.klinger@gmail.com**, is password-protected, in accordance with privacy requirements (note: my pizzadreams account is not), but the nature of the internet makes it impossible for me to control what happens to information as it flows through cyberspace. Any email correspondence requiring more than 7 minutes of my time will be charged as a session.

I understand and acknowledge the above:

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

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