

Deborah L. Klinger, M.A., LMFT, PC
911 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 phone or email 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 concerns/conditions:

Name and phone or email of the doctor who treats you for these conditions:

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

Have you seen a therapist before ____Y / ____N ?

If yes, please give the name of the therapist, a brief description of the problem and degree of resolution:

What brings you in to therapy at this time?

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

- **Length of Sessions:** The initial session is 60 minutes long. Subsequent sessions are 45 minutes long for individuals and 50 for couples/families, unless otherwise specified.
- **Cancellations:** excepting emergencies, sessions must be cancelled **24 hours in advance**, or the full fee for the session will be charged. If a portion of your fee is covered by insurance, you are responsible for the **full fee** in the event of a cancellation without 24 hours' notice. I cannot bill insurance for a missed session. If you need to reach me within 24 hours of a scheduled session for any reason, call or text my cell, **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. You may give me written permission to speak to significant others and/or other professionals involved in your care. 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:** 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, my cell phone # is **(919) 452-5943**. You are welcome to call or text me on my cell (please keep confidentiality issues in mind if you choose to use texting). Any telephone conversations and/or voice mail messages exceeding 7 minutes will be considered a full session and charged as such.
- **Insurance:** If you are using insurance, and I am filing claims for you and have done so accurately and appropriately, and for any reason your insurance plan fails to pay me for my services, you are responsible for payment.
- **Email:** I cannot guarantee that email correspondence will be confidential. My Hushmail account, **dklinger@deborahklinger.com**, is encrypted in cyberspace, in accordance with privacy requirements, but not in your computer or mine, unless you elect to have an added an extra layer of encryption, which means we would need to answer a security question in order to unlock and read emails. Please let me know whether you want or decline that option. 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: _____