

CLIENT INFORMATION

First Name	Last Name	Date
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Address	City, State	Zip Code
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Home Phone	Work Phone	Mobile Phone
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Date of birth ____ / ____ / ____ Age ____ Male ____ Female ____

Single ____ Married ____ Other ____ Email Address _____

Employed ____ Full-time Student ____ Part-time Student ____ Other _____

Family Doctor Name/Phone _____

Current Medications _____

Who referred you? _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____

Relationship to client _____

SESSION COSTS/ FEES

Initial Assessment: \$150.00 for a 55-minute assessment. Payment will be collected upon arrival, prior to your session. If more time is needed, the fee will be adjusted accordingly.

Therapy Session Fee: \$120.00 per 45-50 minute session. Payment will be collected upon arrival, prior to your session. If more time is needed, the fee will be adjusted accordingly.

CANCELLATION/ NO SHOW Because the scheduling of an appointment involves the reservation of time specifically to you, **a minimum of 24 hours notice is required** for canceling an appointment. Unless we reach a different agreement, the full session fee will be charged to you for sessions missed without such notification. Attached is a credit card authorization form that will only be used in the event of a cancellation or no show within the 24-hour notice policy. Third party payers will not be responsible for reimbursing cancellations/ no shows.

INSURANCE: Geoff Steurer, MS, LMFT is not a provider for any insurance carriers. He does not bill insurance companies. It is your responsibility to pay for your session fees prior to service. If you would like to submit a statement of service to your insurance for potential reimbursement of your costs, please inform the office assistant and they will provide one.

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PHONE 435-652-4366 · FAX 435-688-2353

PAYMENT INFORMATION

Please enter the information for the individual responsible for payment.

If you are receiving financial assistance from a third party (i.e., bishop, family member, etc), then please enter their information.

Title	First Name	Last Name
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Address	City, State	Zip Code
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Home Phone	Mobile Phone
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Relationship to Client _____

NO-SHOW / LATE CANCELLATION PAYMENT INFORMATION

Please enter the credit card information we can keep on file to charge for any missed or late-cancelled appointments. Third-party payers (i.e., bishops, family, insurance) will not pay for any missed or late-cancelled appointments.

Cardholder information:

Name	Billing Address
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Card Type (please circle): Visa / Mastercard / American Express / Discover

Card Number: _____

Expiration Date: _____

CVC Code: _____

I, _____ (print name), authorize Geoff Steurer, MS, LMFT to charge this credit card for any appointments that are not cancelled within 24 hours of their scheduled time and/or any appointments which are missed without notice.

Cardholder Signature

Date

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FAMILY INFORMATION

Name of Spouse _____

Children and/or others living at home

Name	Age	In Home?	Participating in Therapy?
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

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“No secrets” policy with couples or families.

This written policy is intended to inform you, the participants in therapy, that when I agree to treat a couple or a family, I consider that couple or family (the treatment unit) to be the patient. For instance, if there is a request for the treatment records of the couple or the family, I will seek the authorization of all members of the treatment unit before I release confidential information to third parties. Also, if my records are subpoenaed, I will assert the psychotherapist-patient privilege on behalf of the patient (treatment unit).

During the course of my work with a couple or a family, I may see or speak separately with a smaller part of the treatment unit (e.g., an individual or two siblings). These discussions should be seen by you as a part of the work that I am doing with the family or the couple, unless otherwise indicated. If you are involved in one or more of such discussions with me, please understand that these discussions are confidential in the sense that I will not release any confidential information to a third party unless I am required by law to do so or unless I have your written authorization. In fact, since those discussions can and should be considered a part of the treatment of the couple or family, I would also seek the authorization of the other individuals in the treatment unit before releasing confidential information to a third party.

However, I may need to share information learned in an individual discussion (or a discussion with only a portion of the treatment unit being present) with the entire treatment unit – that is the family or the couple, if I am to effectively serve the unit being treated. I will use my best judgment as to whether, when, and to what extent I will make disclosures to the treatment unit, and will also, if appropriate, first give the individual or the smaller part of the treatment unit being seen the opportunity to make the disclosure. Thus, if you feel it necessary to talk about matters that you absolutely want to be shared with no one, you may want to consult with an individual therapist who can treat you individually.

This “no secrets” policy is intended to allow me to continue to treat the couple or family by preventing, to the extent possible, a conflict of interest to arise where an individual’s interests may not be consistent with the interests of the unit being treated. For instance, information learned in the course of an individual discussion may be relevant or even essential to the proper treatment of the couple or the family. If I am not free to exercise my clinical judgment regarding the need to bring this information to the family or the couple during their therapy, I might be placed in a situation where I will have to terminate treatment of the couple or the family. This policy is intended to prevent the need for such a termination.

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Office Policies and Informed Consent

Agreement to Psychotherapy Services

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone outside the treatment unit without the client's written permission, except where disclosure is required by law. If there is more than one client attending counseling (i.e., marriage or family counseling), then please see the "No Secrets Policy" for further clarification.

When Disclosure Is Required By Law: Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, to property or is gravely disabled or when client's family members communicate to Geoff Steurer, MS, LMFT, that the client presents a danger to others.

When Disclosure May Be Required: Disclosure may be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Geoff Steurer, MS, LMFT. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. Geoff Steurer, MS, LMFT will use his clinical judgment when revealing such information. Geoff Steurer, MS, LMFT will not release records to any outside party unless s/he is authorized to do so by all adult family members who were part of the treatment.

Emergencies: If there is an emergency during our work together, or in the future after termination where Geoff Steurer, MS, LMFT becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, he will do whatever he can, within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose he may also contact the person whose name you have provided on the biographical sheet.

Health Insurance & Confidentiality of Records: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you instruct Geoff Steurer, MS, LMFT, only the minimum necessary information will be communicated to the carrier. Geoff Steurer, MS, LMFT has no control or knowledge over what insurance companies do with the information submitted or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into a database and is likely to be reported to the National Medical Data Bank. Accessibility to companies, computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to break ins and unauthorized access. Medical data has also been reported to be legally accessed by enforcement and other agencies, which also puts you in a vulnerable position.

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on Geoff Steurer, MS, LMFT to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

Consultation: Geoff Steurer, MS, LMFT consults regularly with other professionals regarding his clients; however, client's identity remains completely anonymous, and confidentiality is fully maintained.

E - Mails, Text Messages, Cell Phones, Computers, and Faxes: It is very important to be aware that computers and e-mail and cell phone communication can be relatively easily accessed by unauthorized people and, hence, can compromise the privacy and confidentiality of such communication. E-mails in

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particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Additionally, the emails sent by Geoff Steurer, MS, LMFT are not encrypted. Faxes can easily be sent erroneously to the wrong address. Geoff Steurer, MS, LMFT only uses computers that are equipped with a firewall, a virus protection and a password and he also backs up all confidential information from his computers on a regular basis. The files are backed up off-site and encrypted for maximum privacy. Please notify Geoff Steurer, MS, LMFT if you decide to avoid or limit, in any way, the use of any or all communication devices, such as e-mail, cell phone or fax. Please do not use e-mail, faxes, or text-messaging for emergencies.

Limitations of Online/Telephone Appointments: Geoff Steurer, LMFT, will do his best to ensure your privacy and confidentiality with video conferencing and telephone appointments. While the appropriate methods have been taken to ensure online protection (firewall, virus protection, etc.), online sessions are not without risk. Geoff Steurer, LMFT, can't ensure 100% risk-free sessions nor protect 100% against online hackers stealing information or hacking into online sessions.

Online Intersession Communication: Geoff Steurer, LMFT, will do his best to respond to any emails within 48 hours. However, emails in between therapy sessions are not to be considered therapy and while Geoff Steurer, LMFT, may answer questions and respond to inquiries, larger or more complex issues may need to be addressed in your next therapeutic session. If responding to emails, text messaging or phone calls requires more than 5 minutes of time, you will be charged for the time it takes to respond.

Social Media Policy: Therapy will not be provided via e-mail, twitter, texting, or other such forms of communication. E-mail may be used to exchange information only, such as scheduling appointments. They may have limits in of confidentiality and security. I encourage you not to share personal information as I cannot guarantee your privacy is secure with e-mail or text messages.

Benefits & Limitations of Online Therapy: Benefits to online sessions include being able to communicate over distances in which the client would not normally be able to meet with Geoff Steurer, LMFT. Potential limitations include barriers because of long-distance communication such as technology failures, unreliable internet connections, missed body language or facial cues, or other limits due to a non-face-to-face interaction. While Geoff Steurer, LMFT, will do his best to ensure these limitations do not take place, he can't guarantee that there won't be limitations to online therapy sessions. Clients should assess these benefits and limitations to decide if online therapy sessions are in their best interest. At the client's request, Geoff Steurer, LMFT can further discuss the benefits and limitations of online therapy.

Records and Your Right to Review Them: Both the law and the standards of my profession require that I keep appropriate treatment records. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Geoff Steurer, MS, LMFT assesses that releasing such information might be harmful in any way. In such a case Geoff Steurer, MS, LMFT will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, upon your request, Geoff Steurer, MS, LMFT will release information to any agency/person you specify unless Geoff Steurer, MS, LMFT assesses that releasing such information might be harmful in any way.

Telephone & Emergency Procedures: If you need to contact Geoff Steurer, MS, LMFT between sessions, please leave a message with the office staff or on the office line confidential voice mail and your call will be returned as soon as possible. Geoff Steurer, MS, LMFT checks his messages a few times during the daytime only, unless he is out of town. If an emergency situation arises, indicate it clearly in your message, and if you need to talk to someone right away, call the Police: 911. Please do not use e-mail, faxes or text messages for emergencies. Geoff Steurer, MS, LMFT does not always check his e-mail, faxes or text messages daily.

Payments & Insurance Reimbursement: Clients are expected to pay \$150.00 for the initial assessment and \$120.00 per 45-50 minute session at the beginning of each session, unless other arrangements have been made. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed upon otherwise. Please notify Geoff Steurer, MS, LMFT if any

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problems arise during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the client and

not to the insurance company. Unless agreed upon differently, Geoff Steurer, MS, LMFT will provide you with a copy of your receipt on a monthly basis, which you can then submit to your insurance company for reimbursement, if you so choose. As was indicated in the section Health Insurance & Confidentiality of Records, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems dealt with in psychotherapy are reimbursed by

insurance companies. It is your responsibility to verify the specifics of your coverage. If your account is overdue (unpaid) and there is no written agreement on a payment plan, Geoff Steurer, MS, LMFT can use legal or other means (courts, collection agencies, etc.) to obtain payment.

Mediation & Arbitration: All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Geoff Steurer, MS, LMFT and client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed upon. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement shall be submitted to and settled by binding arbitration in Washington County, UT in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Geoff Steurer, MS, LMFT can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceeding shall be entitled to recover a reasonable sum and attorney's fees. In the case of arbitration the arbitrator will determine that sum.

The Process of Therapy/Evaluation and Scope of Practice: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty and openness in order to change your thoughts, feelings and/or behavior. Geoff Steurer, MS, LMFT will ask for your feedback and views on your therapy, its progress and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. Geoff Steurer, MS, LMFT may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about or handling situations.

This can cause you to feel very upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes, another family member views a decision that is positive for one family member quite negatively. Change will sometimes be easy and swift, but more often it will be slow and even frustrating.

There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy Geoff Steurer, MS, LMFT is likely to draw on various psychological approaches according, in part, to the problem that is being treated and his assessment of what will best benefit you. These approaches include, but are not limited to, behavioral, cognitive-behavioral, cognitive, psychodynamic, existential, system/family, developmental (adult, child, family), humanistic or psycho-educational. Geoff Steurer, MS, LMFT provides neither custody evaluation recommendation nor medication or prescription recommendation nor legal advice, as these activities do not fall within his scope of practice.

Discussion of Treatment Plan: Within a reasonable period of time after the initiation of treatment Geoff Steurer, MS, LMFT will discuss with you (client) his working understanding of the problem, treatment plan, therapeutic objectives and his/her view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Geoff Steurer, MS, LMFT's expertise in employing them or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition

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and their risks and benefits. If you could benefit from any treatment that Geoff Steurer, MS, LMFT does not provide, he has an ethical obligation to assist you in obtaining those treatments.

Termination: As set forth above, after the first couple of meetings Geoff Steurer, MS, LMFT will assess if he can be of benefit to you. Geoff Steurer, MS, LMFT does not accept clients who, in his opinion, he cannot help. In such a case he will give you a number of referrals, who you can contact. If at any point during psychotherapy, Geoff Steurer, MS, LMFT assesses that he is not effective in helping you reach the therapeutic goals, he is obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case he would give you a number of referrals that may be of help to you. If you request it and authorize

it in writing, Geoff Steurer, MS, LMFT will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, Geoff Steurer, MS, LMFT will assist you in finding someone qualified, and if he has your written consent, he will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, Geoff Steurer, MS, LMFT will offer to provide you with names of other qualified professionals whose services you might prefer.

Dual Relationships: Not all dual relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs Geoff Steurer, MS, LMFT's objectivity, clinical judgment or therapeutic effectiveness or can be exploitive in nature. Geoff Steurer, MS, LMFT will carefully assess before entering into non-sexual and non-exploitative dual relationships with clients. St. George is a small area and many clients know each other and Geoff Steurer, MS, LMFT from the community. Consequently you may encounter someone you know in the waiting room or may encounter Geoff Steurer, MS, LMFT in the community. Geoff Steurer, MS, LMFT will never acknowledge working with anyone without his written permission. Many clients choose Geoff Steurer, MS, LMFT as their therapist because they knew him before they entered into therapy and/or were aware of his stance on the relevant issues. Nevertheless, Geoff Steurer, MS, LMFT will discuss with you, his client/s, the often-existing complexities, potential benefits and difficulties that may be involved in such relationships. Dual or multiple relationships can enhance therapeutic effectiveness but can also detract from it, and often it is impossible to know that ahead of time. It is your, the client's, responsibility to communicate to Geoff Steurer, MS, LMFT if the dual relationship become uncomfortable for you in any way. Geoff Steurer, MS, LMFT will always listen carefully and respond accordingly to your feedback and will discontinue the dual relationship if s/he finds it interfering with the effectiveness of the therapy or the welfare of the client, and of course you can do the same at any time.

Cancellation: Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hour notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Insurance companies do not reimburse for missed sessions.

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NOTICE OF RECEIPT AND ACKNOWLEDGMENT OF POLICIES AND NOTICES

Client Name: _____

DOB: _____

Client Name: _____

DOB: _____

(initial) Notice of Privacy Practices

(initial) No Secrets Policy

(initial) Informed Consent, Office Policies and General Information

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Geoff Steurer, MS, LMFT's Notice of Privacy Practices, No Secrets policy, Informed Consent, Office Policies, and General Information. I understand them and agree to comply with them. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the privacy officer at Alliant Counseling and Education.

Signature of Client Date

Signature of Client Date

Signature of Parent, Guardian, or Personal Representative Date

If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.)

_____ Client refuses to acknowledge receipt

Clinician Signature – Geoff Steurer, MS, LMFT Date