

Michelle Miller, MFT
23421 South Pointe Drive, Suite 130
Laguna Hills, CA 92653 * 949-429-6743

Client Registration Form

Thank you for the opportunity to work with you on your counseling needs. Please provide the following information and sign where indicated. Please note: information you provide here is protected as confidential information.

Name: _____ DOB: _____

Name: _____ DOB: _____

Marital Status: _____ Today's Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone _____

May I leave a message at Home , Cell, Work (circle)

How did you hear about my services? _____

May I thank them for referring you? _____

In case of emergency, contact _____

Other immediate family members:

Name	Age	Living At Home?
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Information and Consent to Treatment

Introduction:

I am licensed by the state of California as a Marriage and Family Therapist (MFC 36209). I invite you to discuss any questions or concerns that may arise regarding your course of treatment.

Confidentiality:

All information and records obtained in the course of treatment shall remain confidential and will not be released without your consent **except** under the following conditions:

- (a) Parents and legal guardians of non-emancipated minor clients have the right to access the client's record.
- (b) There is a danger of bodily harm to self or others
- (c) Your records are subpoenaed by the Court
- (d) In the case of suspected child abuse, this will be reported to CPS
- (e) In the case of suspected elder abuse, this will be reported to APS.

Payment of Fees:

Payment is due at the time of service. You may pay by cash or check. I do not bill insurance companies directly, but upon your request, I will give you the forms to submit to your insurance company. There is a \$25 fee for returned checks. The fee per session is \$110

Telephone Calls:

Your calls are important to me. I check messages several times a day. I will return your calls as promptly as possible. Please be sure to leave a phone number, even if you think I already have it. Calls longer than 10 minutes will be charged at a pro-rated hourly fee.

Additional Charges: There is an additional charge for the following services and will be charged at the hourly rate: Summary of records or evaluations released to other helping professionals, upon written release by the client.

Emergencies: In times of crisis, I will give you the earliest available appointment. If I am not available, please contact your primary care physician.

I understand that my therapist is a sole-practitioner and provides services only through her own independent private practice. Although she shares office space with others at the Water Garden Business Center, I understand that no one else is legally connected to or responsible for the work of my therapist at 23421 South Pointe Dr. Suite 130, Laguna Hills, CA 92653.

I have read and understand all of the information on this form.

Signature **Date**

Signature **Date**

Parent Signature (if minor) **Date**

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Notice Regarding Missed Appointments

You appointment time has been reserved especially for you. If you fail to cancel a scheduled appointment, I cannot use this time for another client. A full fee is charged for missed appointments or appointments cancelled with less than a 24 hour notice. Cancellations made with 24 hours notice will not be billed.

Thank you for your consideration regarding this important matter.

Client Signature

Today's Date