

JACK D. LOVE, M.A., LMFT
FORENSIC FAMILY SERVICES
CALIC LMFT7778

This document combines key information about therapy, including confidentiality, fees, and the therapeutic process, with a clinical history questionnaire to provide essential background information for your care. Please review the informed consent section carefully and complete the clinical history section. Your signature confirms your agreement with these terms.

INFORMED CONSENT FOR PSYCHOTHERAPY

1. Confidentiality

All sessions and records are confidential, except as required by law. Disclosure may occur under the following circumstances:

- Suspected child, elder, or dependent adult abuse.
- Threats of harm to yourself, others, or property.
- Legal proceedings requiring disclosure.
- **Electronic Communication Risks:** While I strive to maintain the security of all electronic communications, no platform is entirely without risk. Email and text messaging are not fully secure and are best used for logistical purposes only.

2. Telehealth Services

I offer teletherapy via Zoom for Healthcare, a HIPAA-compliant platform. Participation requires a private location and acknowledgment of associated risks.

3. Fees, Payment, and Cancellation Policy

- Session Fee: \$200 per 50-minute session.
- Payment is due at the time of service. Accepted methods include cash, check, credit/debit cards, Venmo, Zelle, or PayPal.
- Appointments canceled with less than 24 hours' notice or missed will be charged the full session fee.
- **Online Registration:** New patients must complete online registration prior to their first appointment. This includes providing valid credit card information,

which will be used to secure payment for sessions and comply with cancellation policies.

- **Legal Actions for Unpaid Accounts:** In the event of unpaid balances, I reserve the right to pursue recovery through small claims court or other civil remedies. Associated fees may include attorney’s costs and court fees.

4. Emergencies

For emergencies, call 911 or local crisis services at (888) 881-4881 or (916) 875-1055. For urgent, nonemergency matters, leave a voice message at 916-929-5765. I will respond as soon as possible, typically within 24 hours.

5. The Therapeutic Process

Therapy involves active participation and may evoke uncomfortable emotions, such as sadness or frustration, as part of the healing process. While therapy offers significant benefits, outcomes cannot be guaranteed.

6. Termination

You may discontinue therapy at any time. If therapy is not effective or beyond my scope, referrals will be provided.

7. Social Media and Online Presence

To maintain professional boundaries, I do not engage with clients on social media platforms. Please refrain from posting reviews online to preserve your confidentiality.

8. Mediation and Arbitration

Disputes will first be referred to mediation and, if unresolved, to binding arbitration. Costs will be shared equally unless otherwise determined by the arbitrator.

Acknowledgment and Agreement

I have read, understood, and agree to the terms outlined in this informed consent.

Client Name (Print): _____ Date: _____

Signature: _____

Therapist: Jack D. Love, LMFT Date: _____

Signature: _____

CLINICAL HISTORY QUESTIONNAIRE

1. Personal Information

- **Full Name:** _____
- **Date of Birth:** _____
- **Gender:** _____
- **Current Living Situation:** _____
- **Occupation and Educational Level:** _____
- **Phone Number:** _____
- **Email:** _____

2. Presenting Concerns and Goals

1. Describe the challenges that led you to seek therapy. How do you understand these challenges in the context of your personal and family history?

2. What changes or outcomes would you like to see as a result of therapy? How do you think these align with your core values or long-term goals?

3. Family Relationships and Dynamics

1. Describe your family of origin. How do you think family roles, communication patterns, or unresolved conflicts from your upbringing influence your current challenges?

2. How have intergenerational patterns or family loyalties shaped your approach to relationships and decision-making?

3. Are there specific events or dynamics in your family history that you believe are central to your current situation?

4. Significant Life Events and Beliefs

1. Identify pivotal moments in your life that you believe were transformative. How do you think these events influenced your sense of self or worldview?

2. Are there beliefs or assumptions you hold about yourself, others, or the world that feel particularly challenging? How do you think they originated?

3. What patterns of behavior or thought do you notice in yourself when you face stress or conflict?

5. Social and Support Systems

1. Describe your current social relationships. How do these connections support or challenge your ability to achieve personal and relational goals?

2. How do you typically navigate conflicts in your social or professional relationships? How do you think these patterns were shaped by earlier experiences?

6. Health and Daily Functioning

1. How would you describe your overall physical and emotional health? What factors (e.g., lifestyle, stressors, support systems) do you think contribute most significantly?

2. How do daily habits such as sleep, diet, and exercise support or hinder your emotional well-being?

3. Are there behaviors or patterns you'd like to change that you believe are rooted in family or personal history?

7. Emotional and Relational Goals

1. What values or principles guide your relationships? How do you seek to align your actions with these values?

2. How do you define success in terms of emotional well-being and relationships?

8. Additional Information

1. Is there anything else you believe is important for me to understand about your life or experiences? Are there themes or questions you'd like us to explore together?

Signature and Acknowledgment

By signing below, I confirm that the information provided is accurate to the best of my knowledge and that I agree to the terms outlined in this document.

Client Name (Print): _____ Date: _____

Signature: _____