

**Karina von Middendorf, Ph.D. LMFT**  
(415) 408-8801 email: drvonmiddendorf@att.net

**CLIENT INTAKE**

DATE OF BIRTH /AGE/ SS# \_\_\_\_\_

NAME/HOME PHONE \_\_\_\_\_

WORK PHONE/CELL PHONE/E-MAIL

(Please indicate which phone numbers may/may not be utilized to contact you and/or leave a message.)

\_\_\_\_\_  
\_\_\_\_\_

HOME ADDRESS

Street/City/ State/ Zip Code

\_\_\_\_\_  
\_\_\_\_\_

EMPLOYED BY ADDRESS

Street /City/ State/ Zip Code

\_\_\_\_\_  
\_\_\_\_\_

SPOUSES NAME/ HOME PHONE /WORK PHONE

\_\_\_\_\_  
\_\_\_\_\_

CHILDREN'S NAME AND AGES

\_\_\_\_\_  
\_\_\_\_\_

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**CLIENT INTAKE**  
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DRIVERS LICENSE # /STATE \_\_\_\_\_

PRIMARY CARE PHYSICIAN PHONE \_\_\_\_\_

TREATING PSYCHIATRIST PHONE \_\_\_\_\_

PERSON FINANCIALLY RESPONSIBLE FOR THIS BILL \_\_\_\_\_

WHO MAY WE CONTACT IN CASE OF EMERGENCY?/ PHONE \_\_\_\_\_

WHOM MAY WE THANK FOR REFERRING YOU TO US?/ PHONE \_\_\_\_\_

I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered. I have read all the information on both sides of this sheet and have completed the above answers. I certify this information is true and correct to the best of my knowledge. I will notify you of any changes in my health status of the above information.

SIGNATURE /DATE \_\_\_\_\_

PARENT (If Minor)/DATE \_\_\_\_\_

“My signature below acknowledges that I have received a copy of a typed 3-page document of my psychotherapist’s explanation regarding his office policies and practices as they pertain to protecting the privacy of my and/or my child’s medical and psychological health information in accordance with the HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT (HIPPA) (August 1996)”

Patient and/or Parent Signature /Date \_\_\_\_\_

INSURANCE/MEDICARE ASSIGNMENT. I authorize Karina von Middendorf, Ph.D.LMFT. to release to Social Security Administration, or its intermediaries or carriers, any information needed for this or a related claim. I request that payment of authorized benefits be made of behalf of the patient. I assign the benefits payable for services to Karina von Middendorf, Ph.D.LMFT.

Patient or Parent Signature /Date \_\_\_\_\_

**CLIENT HISTORY**

Name /Age /Date of Birth \_\_\_\_\_

Address /Phone \_\_\_\_\_

\_\_\_\_\_

Briefly describe your reason for coming here \_\_\_\_\_

\_\_\_\_\_

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Please list any previous psychiatric, psychological or counseling treatment. Indicate the problems for which you sought treatment, the dates of treatment, and the provider

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\_\_\_\_\_

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Please indicate whether you have ever had any testing for psychological/educational/vocational purposes. Describe the nature of the testing, dates and the provider

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Have you ever attempted suicide? If so, age at last attempt \_\_\_\_\_

Are you currently under the care of a physician? If so, by whom and for what? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medication(s) \_\_\_\_\_

\_\_\_\_\_

**CLIENT HISTORY**  
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Please include any information which might aid in understanding and helping you

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Please describe what you wish to accomplish in therapy

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## CLIENT CONTRACT

Beginning the process of psychotherapy (psycho therapeutic treatment) often occurs during periods of considerable stress or during a crisis in one's life. You may have a lot on your mind which makes it difficult to remember the details about my office procedures and "Informed Consent." Therefore, I am providing my policies in writing. I encourage you to take the time to read through these before your first appointment. Please feel free to bring up any questions you may have during your first session.

**APPOINTMENTS:** Psychotherapy appointments are scheduled on, at least, a weekly basis. It is best to arrange your appointments for the same time each week. Evening appointments (5 PM to 8 PM) have the highest demand and are more difficult to schedule. Sessions begin and end on time. Unless urgent, phone calls are not taken during sessions. Since successful treatment requires continuity, you should plan ahead to avoid any problems in coming to your appointments.

**FEES & BILLING:** There is a standard office fee for 45-50 minute psychotherapy sessions, depositions and testimony (billed portal to portal). Fees for telephone/email consultations that exceed ten (10) minutes are the same as for the session, prorated to the actual time. Payment is expected at the beginning of each session. At the end of the month you will be given a statement for professional services rendered that month. In most cases, all the information you need to submit to your insurance carrier is on this statement. Billing questions are handled by my billing service; House Medical Billing Service, Victoria House, Owner and Operator (707)230-6133, Email: vhouse@housebilling.com.

Many of the costs of outpatient psychotherapy are covered by health insurance. It is important that you find out what your coverage is. There are an infinite number of insurance carriers. Each carries with it a different deductible, co-pay and/or coinsurance and annual limit. Insurance assignment is taken when Dr. von Middendorf is contracted directly with an insurance carrier. Insurance verification is made prior to the first visit through Dr. von Middendorf's billing office: (707) 230-6133 or vhouse@housebilling.com. For out-of-state BCBS it is your responsibility to provide a written copy of your mental health benefit at the initial consultation and to notify this office of any changes to your insurance plan during the course of your treatment. These can be obtained by contacting your insurance carrier or your company's Human Resource department.

This office does not bill secondary insurance carriers. Assignment is accepted only when there is an automatic crossover (carve out) from the first to the second insurance carrier. In its absence, payment of the co-pay/coinsurance is expected at the time of the visit. You will be able to submit your EOB from the first carrier to the second carrier for reimbursement.

This office reserves the right to charge interest (1.5% per month) on any unpaid balance and to provide confidential information to third party collection companies/attorneys in cases of nonpayment. Accounts with no activity for 30 days may be subject to collection. Returned checks due to insufficient funds will incur a \$30 charge.

If you are seeing a psychiatrist or family physician for psychotropic medication, you will need to provide a writ-ten release of information so that Dr. von Middendorf may confer with your doctor for the purpose of furthering your treatment. These can be obtained by contacting your insurance carrier or your company's Human Resource department.

**CLIENT CONTRACT**  
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**CANCELLATIONS:** Cancelled appointments 48 hours in advance will relieve you of any financial obligation for that time slot. Failure to cancel within 48 hours will result in your being billed the full fee of your scheduled session. Insurance reimbursement does not cover missed appointments. E mail messages sent to Dr. von Middendorf do not constitute a cancellation; please call the office.

**CONFIDENTIALITY:** Your communications, conversations and records, as well as the knowledge that you are a patient are confidential and privileged information, as defined by professional ethics and the laws of the state of California. This is outlined in the HIPAA statement.

Information cannot be released to anyone without your expressed consent. The exceptions to this rule are situations involving dangerousness to self or others, child abuse and certain legal situations, in which case the appropriate authorities need to be notified. If you wish for information to be released to others you will need to complete and sign a "Consent for Release of Information" form.

If you are seeing a psychiatrist or family physician for psychotropic medication, you will need to provide a written release of information so that Dr. von Middendorf may confer with your doctor for the purpose of furthering your treatment.

In the event that a subpoena for records or testimony is received, you will be notified and asked to provide a release of information from this office. Should you wish to refuse the subpoena, either you or your attorney will need to provide written documentation to this effect.

In many cases where third party payments are involved, clinical information is required in order to receive authorization and/or payment for psychotherapy sessions. In some cases they may request details and even a copy of your confidential record. If you have a problem with this you need to notify the office immediately.

Given the nature of psychotherapeutic services, information contained within your record has the potential to be misunderstood and/or misinterpreted. Should you request a copy of your own chart for review it is the policy of the office to have scheduled session in which to review and discuss this information with Dr. von Middendorf. Alternatively, she may provide a summary of your treatment.

For minors, those under the age of 18, parents have the right to review the treatment record. In most cases Dr. von Middendorf will enter into an agreement with the patient and his/her parents whereby the parents are to receive periodic reports of treatment progress. Unless you are at risk to hurt yourself or others, information provided will be general and reviewed with the minor prior to the update.

**PROFESSIONAL SERVICES:** Psychotherapy has both benefits and risks. While it has been found to assist with symptom reduction, increase confidence, enhance problem solving, improve relationships and generally benefit the lives of those involved, there are times when painful emotions emerge and dealing with sensitive issues can become uncomfortable. Outcome in psychotherapy is difficult to predict. It is a function of the patient, the issues involved and the treatment provided. Psychotherapy is most useful when it is a collaborative process, that is, it involves participation on both the part of the patient and the therapist. While Dr. von Middendorf has training and experience in various treatment modalities, not every person is for every therapist. Because psychotherapy is a large investment in time, money and energy it is important to carefully evaluate your decision in selecting a therapist. Should you choose to no longer continue treatment, it is important to have a termination session, where your concerns can be addressed and, if needed, a referral to another practitioner can be made.

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**MESSAGES & TELEPHONE CONSULT:** Since the practice is primarily for outpatient diagnostic and psychotherapy services, there is no guarantee of around-the-clock availability. In an emergency you are instructed to phone 911, or have someone drive you to the nearest emergency room. Dr von Middendorf's voice mail takes messages 24 hours a day. Please leave a message and a number where you can be reached. Every attempt is made to return your phone the same day, however, there are days when Dr. von Middendorf works 12 hour shifts and this may require returning non emergency calls the following day. If you leave a non-urgent message on the weekend, your call will be returned the next business day.

**ASSOCIATION:** Dr. von Middendorf is in independent practice and not in legal or business association with anyone who may be working out of the same office, suite, floor, building or any other facility or professional she may be associated with.

**COURT APPEARENCES:** Dr. von Middendorf does not engage in foresnic work, will not accept clients who are invovled in legal action and will not appear in court.

Print Name of Client /Signature of Client Date \_\_\_\_\_

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Print Name of Client /Signature of Client Date \_\_\_\_\_

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