

**Dr. Marie Kerns, PsyD, LMFT**

**949-285-5199**

University Tower-UCI Adjacent  
4199 Campus Dr. Ste.550  
Irvine, CA 92612

Client Intake

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ Cell \_\_\_\_\_

Where may I leave you a message? Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Monthly Income \_\_\_\_\_

Education \_\_\_\_\_ (*Last grade completed*) School \_\_\_\_\_

Major \_\_\_\_\_ Date Graduated \_\_\_\_\_

Spouse \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Monthly Income \_\_\_\_\_

Education \_\_\_\_\_ (*Last grade completed*) Major \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Ethnicity \_\_\_\_\_

How were you referred to me? \_\_\_\_\_

Prior therapist \_\_\_\_\_ Dates of treatment \_\_\_\_\_

Presenting Problem (*Why you are looking for counseling or therapy today*)

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

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

***Someone I have permission to contact in case of Emergency***

Client Signature \_\_\_\_\_

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**Children:**

Name & Age	Live with you?	Birthdate	Other Parents Name
1.			
2.			
3.			
4.			
5.			

Are your parents still married? \_\_\_\_\_ Your birth order \_\_\_\_\_ (1<sup>st</sup> child etc.)

Quality of relationship with parents' \_\_\_\_\_

Special Issues or concerns with parents \_\_\_\_\_

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

**Siblings:**

Name	Age	Live with you?	Quality of Relationship
1.			
2.			
3.			
4.			
5.			

Special Issues or concerns with siblings \_\_\_\_\_

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

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Legal Issues \_\_\_\_\_

Medical Issues \_\_\_\_\_

Are feeling like hurting yourself today? \_\_\_\_\_

Are feeling like hurting someone else today? \_\_\_\_\_

Please list medication you are taking & dosages

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

Medical Doctor \_\_\_\_\_ Last Seen? \_\_\_\_\_

*What would you like me to help you with?*

*List with #1 as the most important.*

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

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Dear Client,

When a new client begins counseling with me, I provide them with an engagement letter to explain some of the ground rules, how I work, and how the therapeutic process may unfold. This is intended to provide important information to you regarding your treatment. I encourage you to read the entire document carefully and to ask me any questions.

I am a Licensed Marriage Family Therapist in California. I am governed by the laws of the State of California and the rules and regulations promulgated by the California Board of Behavioral Sciences pertaining to Marriage and Family Therapists. I received my Doctorate Degree in Psychology with an emphasis in Marriage, Family Therapy from The California Graduate Institute of The Chicago School of Professional Psychology in 2009.

The counseling approach that I use is best described as integrative psychotherapy. I use a combination of various therapeutic strategies and skills depending upon a client's unique challenges. I have experience in applying many orientations such as Jungian, family systems, object relations, psychodynamic, solution focused, and cognitive behavioral therapy (CBT).

Sessions generally consist of listening to what a client has to say and then responding with a comment or question.

**I refrain from giving advice.** I prefer to empower my clients to find their own answers and/or initiate their own changes through a process of facilitating greater awareness about themselves and their issues.

In most cases, it will be imperative that such awareness occurs on both a mental and an emotional level before desired answers materialize, or before desired changes can be achieved. Accordingly, I may occasionally remain silent in order not to interfere with what a client is thinking or feeling. It is normal and natural for strong feelings to arise during the course of psychotherapy. It is not unusual for a client's symptoms to become more pronounced during the course of therapy, although therapy sessions generally assist a client in coping with the experience of painful feelings, difficult memories, or problems relating to others. I invite feedback from my clients about the progress of their psychotherapy and encourage them to share openly and honestly about their experiences of our sessions together at any time.

I hold 50 minute sessions, with the frequency and the length of psychotherapy being determined by the client and me. Therapy sessions will ideally continue until the client and I mutually agree that our work is complete unless, of course, the client is mandated to attend counseling-in which case they will terminate in accordance with applicable requirements. It is important to begin sessions on time. My schedule necessitates that our sessions end promptly, which means that a client who arrives late for an appointment will not have the benefit of a full 50-minute session. I do not charge for missed sessions when I have a 24 hours' notice. **However, I do charge a full session fee for both late arriving clients and sessions missed with less than 24 hours' notice.**

**I do not testify in court.** If for any reason I am ordered by a Judge to appear on your behalf, you will be charged \$300.00 an hour for any time I am required to sit in court. I also charge \$300.00 an hour for any paperwork.

Payment may be made by cash, check, or credit card (but exact cash is needed since change cannot be given). Checks should be made payable to "Dr. Marie Kerns" or "Transitions Coaching of Irvine". I do not take Insurance. Occasionally, I will be out of town. When I am out of town I will do my best to arrange for an alternative session time that works for my client.

Messages should be left for me only, on my cell phone (949) 285-5199. I do not use email for client communication. I do except text messages.

**In the event of an emergency, when physical safety is at issue, you should call "911" or go to the emergency room at any hospital.**

I have both a legal and ethical duty to ensure that what a client and I talk about remains confidential. In addition, both law and ethics require that I divulge the few circumstances under which there are exceptions to that confidentiality.

First, if I have any reason to believe that a child, an elderly person, or a dependent adult is being abused, neglected, or financially exploited, I am legally obligated to disclose such information to appropriate agencies. Laws called "mandatory reporting statutes" leave me no room for discretion. In those situations, I must convey my concerns to the requisite authorities.

Secondly, I am obligated to break confidentiality when doing so is necessary to protect an individual's physical safety.

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Finally, certain legal proceedings or The Patriot Act of 2001 may require that I disclose otherwise confidential information. In such event, I will make every reasonable effort to discuss this matter with the client first; it being my preference to make any such disclosures with my client's full knowledge.

I will consult with other health professionals when I determine that doing so would be helpful to the psychotherapeutic process. When speaking with mental health professionals I will make every reasonable effort to disguise identifying information about a client. Any professional with whom I speak is, like me, bound by confidentiality.

**If you decide to meet with me via "Skype"** For online sessions via Skype, you must have fast-enough online access that guarantees mutually satisfactory quality. It is suggested that you have a place (office/room where you can be alone) that can offer privacy at your end. Your counselor will do the same. **Online counseling has not been empirically tested in its effectiveness and does not guarantee the same experience as face-to-face counseling within the same room.** Technology may malfunction, causing us to lose our connection. **I understand that if I engage in e-mail, phone, or instant messaging communication, or Skype (or other online communication using video and/or audio) with my counselor, my rights to confidentiality cannot be guaranteed in the same way they are safeguarded while meeting in an office.**

Notice to California Consumers Regarding Psychotherapy on the Internet (Information provided by the Board of Behavioral Sciences) The BBS is the Board that Licenses a Marriage Family Therapist.

The Board of Behavioral Sciences (BBS) would like to make the following recommendations to California consumers who choose to seek therapy or counseling over the Internet. Individuals who provide psychotherapy or counseling, either in person, by telephone, or over the Internet, **are required by law to be licensed.**

Licensing requirements vary by state. Individuals who provide psychotherapy or counseling to persons in California are required to be licensed in California. Such licensure permits the consumer to pursue recourse against the licensee should the consumer believe that the licensee engaged in unprofessional conduct. Be a cautious consumer when seeking therapy over the Internet, or by any other means, by doing the following:

- Verify that the practitioner has a current and valid license in the State of California.
- Be sure you understand the fee that you will be charged for the services to be rendered and that you fully understand how and to whom the fee is to be paid.
- Be sure you are satisfied with the methods used to ensure your communications with and by the therapist will be confidential.
- Be sure you are aware of the risks and benefits of doing therapy, over the Internet or by any other means, so you can make an informed choice about the therapy or counseling to be provided.
- According to Business and Professions Code Section 2290.5, prior to the delivery of health care via telehealth, the health care provider at the originating site shall verbally inform the patient that telehealth may be used and obtain verbal consent from the patient for this use. The verbal consent shall be documented in the patient's medical record. All laws regarding the confidentiality of health care information and a patient's right to his or her medical information shall apply to telehealth interactions.

**Business and Professions Code Section 2290.5**

(a) For purposes of this division, the following definitions shall apply:

- (1) "Asynchronous store and forward" means the transmission of a patient's medical information from an originating site to the health care provider at a distant site without the presence of the patient.
- (2) "Distant site" means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.
- (3) "Health care provider" means a person who is licensed under this division.
- (4) "Originating site" means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.
- (5) "Synchronous interaction" means a real-time interaction between a patient and a health care provider located at a distant site.

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(6) "Telehealth" means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

(b) Prior to the delivery of health care via telehealth, the health care provider at the originating site shall verbally inform the patient that telehealth may be used and obtain verbal consent from the patient for this use. The verbal consent shall be documented in the patient's medical record.

(c) The failure of a health care provider to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.

(d) This section shall not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

(e) All laws regarding the confidentiality of health care information and a patient's rights to his or her medical information shall apply to telehealth interactions.

(f) This section shall not apply to a patient under the jurisdiction of the Department of Corrections and Rehabilitation or any other correctional facility.

I look forward to working together.

Sincerely,

Dr. Marie Kerns, PsyD  
Licensed Marriage Family Therapist #50443  
Director - Transitions Coaching of Irvine Counseling Center

I (we), the undersigned, hereby acknowledge that I (we) have read the foregoing engagement letter, that the information I (we) provided is true and correct, and that I (we) consent to therapy upon the terms and conditions outlined herein.

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Note: If the client is a minor, an authorized parent must sign in one of the spaces provided.