



Foothill Therapy

Helping You Build Better Relationships

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask any questions that you may have regarding its contents.

- **Information about Kari Gallego, MFT**

I hold a Bachelor of Arts degree from California State University, Chico where I graduated Cum Laude in 1991 and a Master of Arts degree from California State University, Sacramento where I graduated in 1995. I have been working in the mental health field since the early 1990's. I was licensed as a Marriage and Family Therapist in California in 2001 (License #: MFC38089) and opened my private practice that same year. I have served as part-time faculty at CSU, Sacramento where I have taught couples and family therapy to graduate students. Personally, I am married and have two children. If you have any questions about my background or experience, please feel free to ask.

- **Therapy**

Therapy is a process that may lead to problem solving, resolving grief and loss issues, and reaching personal goals. You may experience changes that have benefits and risks, and such changes can effect how you relate to others. Moreover, changes in relationships may occur. Sometimes throughout the process, you may feel worse before you feel better. I trust that you will let me know when you are having unmanageable painful feelings and call 911 or go to the hospital should you be in crisis away from our sessions. Remember, therapy is a service that you pay for, and if you are not happy with the services received, please make that known so we can discuss any hindrances to your progress. I will also periodically provide feedback to you regarding your progress and will encourage your feedback, as well. I look forward to working with you.

- **Confidentiality & Secrets Policy**

The law and ethics of psychotherapy protect your right to privacy. All communications made in session will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, I will not disclose confidential information about your treatment unless all parties participating in the treatment provide their written authorization to release. Exceptions to confidentiality include a therapist's mandate to report suspected neglect or abuse of a child, dependent adult, or elder. Additionally, therapists may be required or permitted to break confidentiality in order to protect due to reasonable belief that you are a danger to yourself or others.



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- **Scheduling & Cancellations**

Sessions are typically scheduled weekly or bi-weekly and I will work with you to determine what is most appropriate for you based on your treatment plan. Your consistent attendance greatly contributes to a successful outcome. *If you are unable to keep a scheduled appointment, please provide me with notification at least 24 hours in advance. Without said notice, and in the absence of an obvious emergency, you will be charged my full fee for the missed session.*

- **Fees**

My standard fee is **\$200** per session for individuals, families, and couples. A session is typically 50-55 minutes in length. *Fees are payable at the time that services are rendered.* I accept cash, checks, debit and credit cards, Venmo and PayPal as payment. If needed, I may offer a sliding scale for individuals and/or families who are limited financially. Furthermore, I will offer referrals so that your counseling needs may be met by another, more affordable professional. I am not a contracted provider with any insurance company or managed care organization. If your insurance company will reimburse you for any portion of your treatment, I will gladly complete insurance claim forms for you to submit to your insurance company to seek reimbursement of fees already paid. If you wish to discuss a written agreement that specifies an alternative payment procedure, please do so prior to our session. If for some reason you find that you are unable to continue paying for your therapy, please inform me and I will help you consider any options that may be available to you at that time.

I provide telephone consultation as needed. Any phone call that exceeds five minutes in length will be charged at a rate of \$3.33/minute. The same rate applies to any written reports or summaries I provide at your request. My fee for time spent in court or testifying is \$350/hour.

Please initial here to indicate your agreement with the scheduling, cancellation, and fees policies _____

Your signature indicates that you have read this agreement for services carefully and understand its contents.

_____ Signature of Client	_____ Date	_____ Kari Gallego, MFT	_____ Date
_____ Signature of Client	_____ Date	_____ Signature of Client	_____ Date



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• **General Information**

Client(s)	Date(s) of Birth	
Address	Telephone	
City	State	Zip

• **If minor, please list legal guardian / parent**

Name	Telephone
Name	Telephone

• **Other Information**

Occupation	Religion
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• **Academic Information**

Current School Name	Current or Highest Grade Completed
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• **Marital Status**

<input type="checkbox"/> Never	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widow(er)	Number of Marriages
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• **Family Members**

Name	Age	Relationship	In the home
Name	Age	Relationship	In the home
Name	Age	Relationship	In the home
Name	Age	Relationship	In the home
Name	Age	Relationship	In the home

• **Medical Information**

Primary Care Physician	Phone
Medication (prescribed by whom, medication name, dosage)	
Medical Conditions	Date of Last Physical
Alcohol Use (frequency / amount)	
Drug Use (non-prescribed street or over the counter)	

• **Therapy Information**

What would you like to discuss		
How long has this been going on		
Have you had previous therapy	By Whom	When

• **Emergency Contact**

Person to contact in case of emergency	Phone
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• **Referral Source**

Referral Source
Can I acknowledge the referral?



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Symptom Checklist

Please check the items that are currently causing you difficulty in your life:

- | | |
|-------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Codependency | <input type="checkbox"/> Work-Related Stress |
| <input type="checkbox"/> Parenting Issues | <input type="checkbox"/> Legal Issues |
| <input type="checkbox"/> Separation/Divorce | <input type="checkbox"/> Affair |
| <input type="checkbox"/> Abuse | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Grief/Loss | <input type="checkbox"/> Internet Addiction |
| <input type="checkbox"/> Sexual Orientation/Sexuality | <input type="checkbox"/> Eating/Weight Issue |
| <input type="checkbox"/> Relationship Problems with: | <input type="checkbox"/> Drugs: |
| <input type="checkbox"/> Significant Other/Spouse | <input type="checkbox"/> Prescription |
| <input type="checkbox"/> Children | <input type="checkbox"/> Illegal substances |
| <input type="checkbox"/> Parents | |
| <input type="checkbox"/> Siblings | |
| <input type="checkbox"/> Friends | |
| <input type="checkbox"/> Co-workers | |