

Mindful Therapist, Inc, Ivona Bhadha, LCSW
1035 State Road 7, #315 Wellington, FL 33414
370 Camino Gardens Blvd. #307, Boca Raton, FL

New Client Information

Name:

First:

Middle:

Last:

Date of Birth:

Address:

Street Address

City:

State:

ZIP / Postal Code

Email:

Phone:

Occupation:

Employer:

Emergency Contact:

Phone:

Relationship:

Primary Care Physician:

Phone:

Referred by:

Phone:

Spouse/Partner (Required if attending session)

If you're attending as an individual, please write "N/A"

First Name:

Last name:

Address:

Date Of Birth:

Mobile Phone:

Home Phone:

Email:

Consent

- I have read and agree with the Mindful Therapist, Inc. Office Policy and HIPPA Agreement
- I am aware that I am responsible for full payment of all charges rendered at the time of service.
- If I miss a scheduled appointment or fail to notify my therapist at least 24 hours in advance, I will be charged the full fee for the missed session.
- I authorize Ivona Bhadha, LCSW to provide psychotherapy services to me and/or the following person(s):
- Limits of Services and Assumption of Risks:
- Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any "cures" cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

Limits of Confidentiality:

- What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

Duty to Warn and Protect

- If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threat or harm another person, the therapist is required to warn the possible victim and notify legal authorities.
- If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/ incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.
- Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.
- Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.
- Insurance companies and other third-party payers are given information that they request regarding services to the clients. The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.
- By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications and I agree to receive psychotherapy services.

Signature:
(Client or authorized party)

Date:

Signature:
(Attending Spouse or Partner)

Date: