

Welcome

Thank you for choosing me to assist you in achieving your personal and relationship goals. It can be a difficult yet courageous thing to share your innermost thoughts, feelings, concerns, and aspirations with a professional therapist and coach. Feel free to ask me any questions regarding your consultations and progress, and let me know if there is a better way I can serve you.

Enclosed in this Welcome Packet you will find the following:

- Application Forms. Please fill out and bring these forms to your first session, or scan and email them back to me:
 - Application for Services
 - Informed Consent and FAQ
 - HIPAA Privacy Notice
- Optional Forms & Instructions:
 - Release of Confidential Information Forms
 - Authorization to Charge Debit/Credit Card for Services Rendered
 - Brief Assignment (optional)
 - Getting Started: Individual Brief Assessment & Goal Planning (complete if you are coming for individual counseling)
 - Getting Started: Pre-Session Couples Assessment Worksheet (complete if you are coming for couples counseling)
 - Office Directions and Scheduling

Also, you can read many free articles at RelateGREAT.net

RelateGREAT.net is my flagship website and information clearinghouse. You may already know that I work with many issues in addition to helping marriages, and at RelateGREAT.net, you can find articles, workshops further information about:

- [Marriage Transformation](#)
 - “Attract the Best” Singles Seminar
 - Marriage Prep
 - 2nd/3rd Marriage Dynamics & Blending Families
 - Divorce Transitions
- [Parent Training](#)
 - Parenting with Love and Logic
 - Effective Discipline Strategies
 - Relationship Building and Bonding
 - Step-parenting and Co-parenting
- [Self-Mastery](#)
 - Strong Emotion Management (stress, anger, depression, anxiety, PTSD, trauma, grief and loss)
 - Behavior Management
 - Addiction Recovery (substance and pornography)
 - Goal Achievement
 - Life/Executive Coaching

If you want further information on these or other topics, please let me know, and I'll be happy to get them for you. I look forward to meeting you at our first appointment. Please feel free to call or text me if you have any questions or concerns at 801.787.8014.

Respectfully,



Jonathan D. Sherman, LMFT
 Licensed Marriage & Family Therapist
 Licensed Mental Health Professional
 Addiction Specialist
 Relationship Strategist
 Speaker



Application for Services

CLIENT INFORMATION

Name: _____ Date of Birth: _____ Age: _____

Spouse: _____ Date of Birth: _____ Age: _____

Phone: _____ Email: _____

Is it okay to call and leave a message for you at the above number? Yes ____ No ____

Address: _____ City: _____ Zip: _____

Others living with you:

Name	Age	Relationship to You
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any medications you are currently taking: _____

Have you been in therapy before? Yes, No. If yes, when: _____

Name of therapist: _____ Location: _____

Give a brief description of issues worked on: _____

Did you find it helpful? Yes, No, Neutral. What was most/least helpful about it?: _____

How did you find out about Jonathan Sherman or RelateGREAT.net?

Person: Friend, Relative, Therapist, Physician, Clergy. Name: _____

Source: Newspaper, Radio, Internet, Attended a Workshop, Other: _____

In case of emergency, who should we contact:

Name: _____ Phone: _____ Relationship to you: _____

Address: _____

***After you have read the following documents,
PLEASE SIGN the Statement of Understanding on page 10
of this packet.
Thank you.***



1. Informed Consent: General Policies, Fees, & FAQ

Confidentiality Statement

Q: How do you handle my confidential information?

All information shared in sessions is confidential except in circumstances governed by state and federal laws including the mandatory

reporting of alleged harm to self or others, particularly in the case of child, handicapped person, or elder abuse. Read and sign the HIPAA Privacy Notice that follows for more detailed information and consent.

Financial Policy & Agreement

Q: What is your standard fee?

My standard fee is \$200 per hour. Sessions that run over one hour are pro-rated by the quarter-hour. For example, first appointments are typically 90 minutes long, which would equal \$300 for that session. In-between phone, text, or email support is included at no extra charge unless the time required exceeds 15 minutes at which time it is billed accordingly.

Payment Options:

Pre-Payment Discount: You can purchase pre-paid session packages of five to 10 hours at a discount. Ask me, or see the Fees section at RelateGREAT.net/FAQ for full details.

Pre-paid amounts are non-refundable. Unused credit does not expire, and it can be transferred to another person if you wish.

Pay at Time of Service: Pay the regular hourly fee at the time of your session.

Pay Over Time: If you can't pay the full fee all at once and would still like to retain my services, I am willing to accept a portion of the full fee at the time of service and the balance to be put on your bill that you can then pay over time. So long as there are no collection difficulties, I am happy to provide this pay-over-time service with no additional interest, charges or fees to you. If you choose to carry a balance, you agree to pay \$_____ each month until the full balance owing is paid in full. You understand that as long as you are making monthly payments as agreed you can carry this balance with 0.0% interest and that you will not incur additional fees or service charges. However, failure to stay up on payments or to make other payment arrangements with this office will result in interest, fees, and collection actions.

3rd Party Billing:

- **Clergy:** I work with many clergy (bishops, pastors, Fathers, reverends, rabbis, etc.) who assist their members in need with their fees. I offer a discounted fee for clergy-supported clients. I send the bill directly to the clergyperson.
- **Family:** Some clients receive help from their family. They can pay using any of the payment options above.
- **Insurance:** I don't work with insurance. However, some clients seek reimbursement on their own from their insurance company. In these cases, I am happy to provide a billable invoice showing the amount you have paid, along with the necessary diagnostic

and session codes insurance companies need. See my "FAQ" on RelateGREAT.net for full details.

Q: What does my fee cover?

Your fee covers many aspects of your progress beyond the session alone, such as:

1. **Our direct session time** together is strategically focused toward your goals;
2. **Preparation** before and after each session;
3. **Between session support** via phone/email communications that is less than 15 minutes per communication;
4. **Research & Continuing Education.** Assuring the best and most current information and skills for you through continuing research and education;
5. **Availability.** Since I work with a select clientele and smaller caseload I am much more available than most to attend to my client's needs;
6. **Experience.** This is the "priceless" aspect of your fee.

If you have any questions regarding your fee, please feel free to ask. It is understood that charges will be added to your account for professional services rendered by (i.e., phone contacts over 20 minutes, preparation of special reports, court time, collateral sessions with other parties, etc). The fee for these services is equivalent to the hourly rate.

Q: What is your Cancellation Policy?

Sessions are typically a full 60-minute hour (as opposed to the 50-minute "hour" common to many therapists). Your time has been reserved for you. No-show fees are charged for appointments canceled or broken without 24-hour advance notice. The no-show fee is equivalent to your regular hourly session fee.

Q: What is your Payment Policy?

I am committed to providing you with the best possible services. Payment for services is due at the time of service. I accept cash, checks, debit, and credit cards. If a check is returned, I will notify you so you can resubmit your check. Accounts that are delinquent will of necessity, be sent to a collections agency.

Q: What is your Collection Policy?

By signing below, you agree to pay all amount(s) owed within 30 days of when such amount(s) are incurred. You understand that it is your responsibility to provide your correct/updated contact information and that this office will bill you or the agreed-upon third-party



payer as a courtesy to you. However, regardless of who is paying for your services, you agree that it is and shall remain your responsibility to pay all amounts owing as set forth herein. You agree that interest will accrue on all past-due amounts at the rate of 18% per annum (1.5% per month) until paid in full. In the event any amount(s) is/are referred to a third-party debt collection agency, you agree that in addition to any other amount(s) allowed for by law (such as interest,

court costs, reasonable attorney's fees, etc.) you will also be responsible for a collection fee of up to 40% of the principal amount(s) owing as allowed by Utah Code Annotated, sec. 12-1-11. The terms of this paragraph shall apply to all amount(s) incurred by you or by any individual for whom you have legal responsibility, whether such amount(s) are incurred today or after today.

Emergencies

Q: How do you handle emergencies or crises?

While it's not common in my practice, the occasional crisis may arise. I check my voice mail daily and will call you as soon as I'm available. However, I am not always reachable, and in the case of an actual emergency and you cannot reach me do not hesitate to call 911, call a crisis hotline, and/or go to the local emergency room.



2. HIPAA Privacy Notice

THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THAT INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

I am committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your mental health condition and the treatment you receive from me. This Notice details how your PHI may be used and disclosed to third parties. This Notice also details your rights regarding your PHI.

Use and Disclosure of Information

1. Federal regulations allow me to use or disclose your PHI for purposes of treatment, payment and health care state operations without your written authorization:

- a. Treatment – In order to provide you with the care you require, I may provide your PHI to health care professionals who are directly involved in your care for the purpose of coordination or consultation, or to other professional colleagues for the purpose of consultation or supervision. For example, I might consult with your psychiatrist, if you are being treated with medication, in order to assist in your evaluation and treatment.
- b. Payment – In order to obtain reimbursement for services provided to you, I may provide your PHI to appropriate third party payers pursuant to their billing and payment requirements. For example, I may need to tell your insurance plan about treatment you are going to receive so that it can determine whether or not it will cover the treatment expense.
- c. Health Care Operations – In order for me to operate in accordance with applicable law and insurance requirements, and in order for me to provide efficient care, it may be necessary for me to compile or disclose your PHI. For example, I may use your PHI if your health plan decides to audit my practice in order to review my performance.

2. I may also use or disclose your PHI without your written authorization in the following instances:

- a. De-identified Information – If the information does not identify you and, even without your name, cannot be used to identify you.
- b. Business Associate – To a business associate if I obtain satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI. A business associate is an entity that assists me in undertaking some essential function, such as a billing company that assists me in submitting claims for payment to insurance companies or other payers.
- c. Legal Representative – To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
- d. Child Abuse - To the appropriate government authority, as required by law, if I have reasonable cause to believe that a child has been abused.
- e. Health Oversight Activities – To a court or government agency, as authorized by law, if I am the subject of a criminal or civil investigation or disciplinary action arising from your treatment.

- f. Judicial and Administrative Proceeding – Your PHI is privileged under State law and, if requested or subpoenaed by a court or administrative agency, will be released only with your written authorization or pursuant to a court order.
- g. Avert a Threat to Health or Safety - If I believe that such disclosure is necessary to prevent a serious and imminent danger to you or another person, and the disclosure is to an individual who is reasonably able to prevent or lessen the danger.
- h. Workers' Compensation - If you have submitted a Workers' Compensation claim, I may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.
- i. Required by Law - If the disclosure is otherwise specifically required by law.

3. Uses or disclosures of your PHI, other than those described above, will be made only with your written Authorization. When more than one person has participated in the treatment, I will only use or disclose the PHI of those individuals who have given me written Authorization.

Your Rights

1. You have the right to:
 - a. Revoke any Authorization, in writing, at any time.
 - b. Request restrictions on certain use or disclosure of your PHI as provided by law. However, I am not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request. In your written request, you must inform me of what information you want to limit, whether you want to limit my use or disclosure, or both, and to whom you want the limits to apply.
 - c. Receive confidential communications or PHI by alternative means or at alternative locations. For example, you may not want a family member to know that you are in treatment with me.
 - d. Inspect and copy your PHI as provided by law. To inspect and copy your PHI, you must submit a written request. I may charge you a fee for the cost of copying, mailing or other supplies associated with your request. In certain situations that are defined by law, I may deny your request, but you will have the right to have the denial reviewed as set forth more fully in the written denial notice. The right to inspect and copy your PHI does not include my psychotherapy notes, provided they are separated from the rest of your record. Psychotherapy notes include the contents of our discussions and my analysis, but do not include the dates and times of our meetings, the treatment plan, treatments provided, test results, or your diagnoses, symptoms, functional status, prognosis, and progress to date.
 - e. Amend your PHI as provided by law. To request an amendment, you must submit a written request, which includes a reason that supports your request. I may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by me (unless the individual or entity that created the informa-



tion is no longer available), if the information is not part of your record, if the information is not part of the information you would be permitted to inspect and copy, or if the information is accurate and complete. If you disagree with my denial, you will have the right, within limits, to submit a written statement identifying what you believe to be incorrect or incomplete and to have this statement included in your record.

- f. Receive an accounting of disclosures of your PHI as provided by law. To receive an accounting, you must submit a written request. The request must state a time period, which may not be longer than six years, and may not include dates before April 14, 2003. I am not required to provide an accounting of disclosures of your PHI made for the purposes of treatment, payment or health care operations, or for disclosures made with your written authorization.
- g. Receive a paper copy of this Privacy Notice from me upon request.
- h. Complain to me or to the Secretary of HHS if you believe your privacy rights have been violated. All complaints must be in writing.
- i. To obtain more information on – or have your questions answered about – your rights, please discuss your request with me and I will do my best to honor it.

My Requirements

1. I:
 - a. Am required by federal law to maintain the privacy of your PHI and to provide you with this Privacy Notice detailing my legal duties and privacy practices with respect to your PHI.
 - b. Am required by State law to maintain a higher level of confidentiality with respect to certain portions of your medical information than is provided for under federal law.
 - c. Am required to abide by the terms of this Privacy Notice.
 - d. Reserve the right to change the terms of this Privacy Notice, and to make the new Privacy Notice provisions effective for all of your PHI that I maintain.
 - e. Will provide any revised Privacy Notice to you upon request.
 - f. Will not retaliate against you for filing a complaint.

Effective Date

This Notice is in effect as of April 14, 2003.

Note: Last page of this document is the Privacy Notice Acknowledgement Form.

3. Informed Consent: For Couples Counseling & Confidentiality

When a couple enters a client-therapist professional relationship, the marriage or romantic relationship is the client. As such, any release of information from the file requires the written consent of both partners.

If one partner leaves the client-therapist relationship, the departing partner's right to restrict the release of information ends with the culmination of the last conjoint/couples therapy session.

If the remaining partner chooses to continue, a new application and consent for therapy will be signed, and a new individual file will be created. At the commencement of the first individual session, the client in the client-therapist relationship is now that individual. That individual has the right to restrict the release of information from his/her file without his/her partner's consent.

While you are engaged in couple's counseling, my professional commitment is to your couple's relationship. As such, I will not hold confidential from either partner information provided to me in individual sessions, emails, correspondence, phone calls, or other forms of communication. This does not imply that I have a responsibility to share any or all communication from one individual to another. However, individual communication with me may be shared with your partner without your written or verbal consent.

Licensed Marriage and Family Therapists (LMFTs) have an ethical commitment to objectivity in their professional relationship with couples. LMFTs also have an ethical commitment to not engage in dual relationships. A dual relationship would exist if the therapist provided information in a legal case. Therefore, I, as a LMFT, do not provide information in legal proceedings, including, and not limited to, divorce and child custody cases.



4. Informed Consent for Remote Therapy/Coaching (Telephone/Video Conferencing)

Coaching Disclaimer:

The Short Version

While I am a licensed therapist in the state of Utah, I do not offer therapy services across state lines. Coaching is different from counseling in that its focus is primarily on personal and relational development. It is not for treating psychopathology. Therapists can offer coaching, but coaches do not offer therapy. Coaching requires the client to maintain functional living and not become unstable. If at any time I determine that coaching is not the right fit (e.g., there is evidence of psychopathology and the need for therapeutic support), I will facilitate you finding a suitable licensed therapist within your state or country to offer the services you need, either in place of our work or in addition to our work. Coaching services are not intended to diagnose or treat mental illness or replace counseling services by a licensed individual within your state or country. By scheduling a coaching session, you agree that this is coaching and is not mental health therapy.

The Long Version

Jonathan D. Sherman is a licensed Marriage and Family Therapist (LMFT) in the State of Utah (License #363093-3902), USA, who is held to national standards of ethical and professional conduct. He is not licensed in any other state. In the State of Utah, he is licensed to conduct therapy. For clients who live elsewhere, it is understood that he can only act in the capacity of providing consultation and/or coaching but does not act in the capacity of a therapist. Thus the term "remote therapy/coaching" is to be understood that he is able to conduct "remote therapy" in the State of Utah and that he is limited to only performing "remote coaching" outside of the state. Since this form is provided to both therapy and coaching clients, the term "remote therapy/coaching" is used throughout, with the distinction to be made based on the location of the client.

The following articles: http://www.aamft.org/members/resources/lrmp/lan/legal/lgl_distliability.htm and <https://www.scribd.com/document/497752370/Internet-based-family-therapy-from-the-perspective-of-the-therapist-a-qualitative-inquiry> can serve as a resource for clients while engaged in remote therapy/coaching with Mr. Sherman. While the first article specifically refers to telephone therapy, the same principles can apply to video conferencing, both of which are referred to here as "remote therapy/coaching." That article reviews the current professional understanding of the benefits and risks of telephone therapy as per the AAMFT (American Association for Marital & Family Therapy). An overview of the key points is as follows:

Benefits of Remote therapy/coaching:

1. Remote therapy/coaching can occur from any location that is quiet and private (i.e., a home, an office, or a car).
2. Clients may connect with experts outside of their local area who have specialties or expertise they are seeking.
3. Clients may commence services without traveling or waiting long periods of time before commencing treatment.

Risks of Remote Therapy/Coaching:

1. Remote therapy/coaching with a therapist in a non-therapeutic relationship is a new area of mental health, and it is not yet specifically regulated.
2. Body language and subtle nuances are not as easily picked up during the course of therapeutic conversations. This will require additional questions and mindfulness on the part of both the client and the therapist.
3. Mr. Sherman is not equipped to deal adequately in your location with crises that require hospitalization, police involvement, or in-person contact.

Therapist/Coach and Client Agree:

1. Standards of professional and ethical conduct that would apply to an in-person scenario will apply to remote therapy/coaching.
 2. The client is not suicidal to any degree and understands that services may need to terminate and be transferred to a local therapist if suicidality should arise.
 3. The services do not involve a minor.
 4. Current child abuse issues are not the presenting problem, and therefore the possibility of reporting child abuse within a local jurisdiction is not a possibility.
 5. Records and notes will be maintained in the same manner they would be for an in-person scenario.
 6. Consent forms and intake forms will be emailed or mailed to Mr. Sherman's office, but original documents will be kept by the client.
 7. Client and professional will strive to begin and end phone calls/video conferences on time and respect the time limits just as they would in an in-person situation.
 8. The client agrees to maintain contact with a local therapeutic service as needed (e.g., group therapy, couple therapist, psychiatrist, pastoral counselor, etc.), and Mr. Sherman will have a release of confidential information in order to communicate with this in-person contact.
-



5. Good Faith Estimate (GFE).

Date of Good Faith Estimate: ____/____/____ This estimate is for psychotherapy services through one (1) year from the date of the GFE.

Brief explanation of estimate for new clients: The estimate below is the range of costs that is likely for most new clients. Until I do an initial evaluation and we start to work together, I will not have a clear picture of your specific diagnosis, issues, and needs. I typically see therapy clients for 6 to 50 sessions (the initial session is 90 minutes, and most regular sessions are 60 minutes) for a total cost of \$1,100 to \$10,100, billed at \$200/hour. Naturally, the range can vary as less or more than that as, in most cases, there is not a specific number of sessions prescribed as each different client's issues may range from simple to more complicated, so we may need additional sessions during the time covered by this estimate, depending on the initial issue and what happens during therapy.

Brief explanation for continuing clients: The estimate below is the [range of costs]/cost that I think is likely for your care over the time period covered by this estimate. However, depending on how treatment progresses, more or fewer sessions may be needed.

Contact: If you have questions about this estimate, please contact Jonathan Sherman at 801-787-8014 or jonathan@RelateGREAT.net

Details of the Estimate

The following is a detailed list of expected charges for psychotherapy services scheduled for the annual timeframe of this GFE. The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless I send you an updated Estimate.

Service	Diagnosis Code (once determined)	CPT service codes*	Quantity (# of session hours)	Cost per hour	Expected cost
Initial evaluation (90 minutes)		90791	1.5	\$200	\$300
Psychotherapy (60 minutes)		90837, 90846, or 90847	5-50	\$200	\$1,000-\$10,000

*CPT Codes: 90791: diagnostic assessment interview, 90837: individual psychotherapy, 90846: family psychotherapy without the client present, 90847: family psychotherapy with the client present

Total estimated cost: \$1,100 to \$10,100.

Therapist providing services:

Name: Jonathan Sherman, LMFT.

NPI number: 1366413627 TIN: 90-0670152

Address of office from which services will be provided: 632 E. 230 N., American Fork, UT 84003.

Client information:

Client name: _____ DOB: _____

Disclaimer

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to me when I did the estimate.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

If you are billed for \$400 more (per provider) than this Good Faith Estimate (GFE), you have the right to dispute the bill

You may contact the [psychologist/psychology practice] at the contact listed above to let them know the billed charges are at least \$400 higher than the GFE. You can ask them to update the bill to

match the GFE, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this GFE. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process, go to: www.cms.gov/nosurprises or call CMS at 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call CMS at 1-800-985-3059.

This GFE is not a contract. It does not obligate you to accept the services listed above.

Keep a copy of this Good Faith Estimate (GFE) in a safe place or take pictures of it. You may need it if you are billed more than \$400 than the estimate provided above.



6. Authorization to Charge Debit/Credit Card for Services Rendered

Billing Information

Name on Card: _____

Card Number: _____

Expiration Date: ____ / ____
 month year

Card Security Code (CVN): _____

Authorization

I authorize payments for services to Jonathan Sherman, LMFT, charged to the above card for:

____ Ongoing services as rendered until I request payment be made in another form.

____ A one-time payment for services rendered on this date only: _____

____ Other: _____



6. Statement of Understanding

Please initial the following based on your acceptance of the terms in these documents.

1. Informed Consent: General Policies, Fees, & FAQ	<input type="checkbox"/> Accept	<input type="checkbox"/> Do Not Accept	
2. HIPAA Privacy Notice. By signing below, I acknowledge that I have received and reviewed the accompanying HIPAA Privacy Notice and that my questions have been answered to my satisfaction.	<input type="checkbox"/> Accept	<input type="checkbox"/> Do Not Accept	
3. Informed Consent: For Couples Counseling & Confidentiality (If applicable)	<input type="checkbox"/> Accept	<input type="checkbox"/> Do Not Accept	<input type="checkbox"/> Not Applicable
4. Informed Consent: Remote Therapy/Coaching (Telephone and/or Video Conferencing) (If applicable)	<input type="checkbox"/> Accept	<input type="checkbox"/> Do Not Accept	<input type="checkbox"/> Not Applicable
5. Good Faith Estimate I have received and understand my GFE. I understand I can ask further questions as needed.	<input type="checkbox"/> Accept	<input type="checkbox"/> Do Not Accept	
6. Payment made via the payment form on file. (If applicable)	<input type="checkbox"/> Accept	<input type="checkbox"/> Do Not Accept	<input type="checkbox"/> Not Applicable
7. Recusal from Subpoena I understand that Jonathan Sherman, LMFT will not testify in court or release records to the court. Jonathan will not speak with attorneys regarding my therapy, our couple's therapy, and/or my family's therapy work. Legal expenses to fight a subpoena will be sought from the party that makes the attempt to subpoena these records.	<input type="checkbox"/> Accept	<input type="checkbox"/> Do Not Accept	

By signing below, I acknowledge that I have read and understand the above, that I have had the opportunity to have your questions answered, and that I agree to the above terms and policies.

Client Name (Printed)	Client Signature	Date
Spouse/Partner/Parent Name (Printed)	Spouse/Partner Signature	Date
Consultant Signature		Date
Name of Legal Representative (Printed) (e.g., Attorney-In-Fact, Guardian, Parent or Guardian if client is a minor)	Legal Representative Signature	Date
	Relationship to Client	



Optional Forms & Instructions to use as needed:

Getting Started Surveys

Use these forms to organize your thoughts and goals for what you would like to accomplish.

Release of Information Form

Use this form if there is anyone in particular that you would like me to be able to contact regarding your situation, your goals, to get input from, etc., such as a doctor, family member, friend, teacher, or clergy person.

Because of my ethical and legal commitment to protecting your confidential information, I am only able to communicate with others about you with your express written consent through the use of this form. See the HIPAA Privacy Notice for more information about how your privacy is respected.

Office Directions & Scheduling

American Fork Office
Zoom or Phone Session
Online Scheduling Instructions



Getting Started (for individual counseling)

Individual Brief Assessment & Goal Planning

My strengths as I see them are:

My growth areas as I see them are:

I would most like to accomplish, achieve, and/or get help, insight, guidance or direction on the following:

Regardless of how I feel, or what others are doing or not doing, I know I need to make sure I do the following in how I will and will not treat myself and/or others:

I will....

I will not...



Getting Started (for couples counseling)

Pre-Session Couples Assessment Worksheet

I'm looking forward to working with you both. Here are some assignments for you both to work on prior to our first session.

ASSIGNMENT PART I (one for each partner):

Each of you are to respond to this worksheet on your own with your answers. You can share them with each other if you like, or you can wait until our first session. Either way, finish it and send it back to me within the next few days. You will note that I use the term "growth areas" instead of "weaknesses." This is not to mince words but to help keep us focused on our goal of finding solutions instead of focusing on problems. For each item, list as many things that come to your mind or that you can think of. There are no right answers, I just want to know what is important to you.

NAME: _____

1. MY STRENGTHS:

2. MY GROWTH AREAS:

3. MY PARTNER'S STRENGTHS AS I SEE THEM ARE:

4. MY PARTNER'S GROWTH AREAS AS I SEE THEM ARE:



5. RELATIONSHIP STRENGTHS:

6. RELATIONSHIP CONCERNS:

7. INDIVIDUALLY, I WOULD LIKE TO IMPROVE...

8. IN OUR RELATIONSHIP I WOULD LIKE TO IMPROVE...

9. WHAT I WANT OUR MARRIAGE TO LOOK LIKE/BE LIKE WHEN WE ARE "OLD AND GRAY":

ASSIGNMENT PART II:

Between now and our first session, notice anything (and I mean ANYTHING) that is a little bit different and/or better. This could be anything different that you notice about yourself, your partner, your relationship, in how you think, feel, behave, interact, etc. Take note mentally or on paper and report what you noticed to me. I look forward to receiving and reviewing your assignments. Let me know if you have any questions at 801.787.8014 or Jonathan@RelateGREAT.net



Getting Started (for couples counseling)

Pre-Session Couples Assessment Worksheet

I'm looking forward to working with you both. Here are some assignments for you both to work on prior to our first session.

ASSIGNMENT PART I (one for each partner):

Each of you are to respond to this worksheet on your own with your answers. You can share them with each other if you like or you can wait until our first session. Either way, finish and send it back to me within the next few days. You will note that I use the term "growth areas" instead of "weaknesses." This is not to mince words but to help keep us focused on our goal of finding solutions instead of focusing on problems. For each item, list as many things that come to your mind or that you can think of. There are no right answers, I just want to know what is important to you.

NAME: _____

1. MY STRENGTHS:

2. MY GROWTH AREAS:

3. MY PARTNER'S STRENGTHS AS I SEE THEM ARE:

4. MY PARTNER'S GROWTH AREAS AS I SEE THEM ARE:



5. RELATIONSHIP STRENGTHS:

6. RELATIONSHIP CONCERNS:

7. INDIVIDUALLY, I WOULD LIKE TO IMPROVE...

8. IN OUR RELATIONSHIP I WOULD LIKE TO IMPROVE...

9. WHAT I WANT OUR MARRIAGE TO LOOK LIKE/BE LIKE WHEN WE ARE "OLD AND GRAY":

ASSIGNMENT PART II:

Between now and our first session, notice anything (and I mean ANYTHING) that is a little bit different and/or better. This could be anything different that you notice about yourself, your partner, your relationship, in how you think, feel, behave, interact, etc. Take notes mentally or on paper and report what you noticed to me. I look forward to receiving and reviewing your assignments. Let me know if you have any questions at 801.787.8014 or Jonathan@RelateGREAT.net



Release of Confidential Information

I hereby authorize:

(Name of Organization/Therapist)

to release to:

(Name of Organization/Therapist/Person)

information concerning:

(Name of Client)

regarding (Choose one):

1. The following specific matters:

Psychological, Medical, Social, Educational

Other: _____

2. Anything that the consultant/therapist's discretion deems relevant and/or important.

Signed: _____ Date: _____
(Signature of Client or Client's Representative)

Witness: _____ Date: _____
(Signature of Witness)



Office Directions & Scheduling

Office Address

I will text you the address and directions to my home office prior to our first appointment.
American Fork, UT 84003

Mailing Address

125 E. Main St., #210
American Fork, UT 84003

Video or Phone Session

Zoom sessions:

- I will text you a Zoom link at the time of our meeting.

Phone sessions:

- My phone number is 801.787.8014.
- I will call you at the appointed time unless we have arranged otherwise.

Schedule Your Appointment Online

I'm now doing my scheduling online, so you won't have to worry about playing phone, text or email tag with me (although you are still welcome to use those methods to schedule as well if you like). Just follow the simple instructions and pick the day and time best for you here: RelateGREAT.net/schedule. You can even get email or text reminders of your appointment. Make sure you see the "Your appointment is now confirmed" page; otherwise, your time won't be scheduled. Let me know if you have any questions.

If you have any questions, I'm just a call or text away at: 801.787.8014

See you soon :-)

