

BARBARA LACKEY, PhD
California Licenses M 13368, EP 1351
Phone: 714 8384174; email: drblackey@cox.net

Policies and Agreements

Welcome !!! I look forward to working with you and being a part of your progress.

About Our Work Together

Our work together is ideally a partnership. Your goals and needs will be addressed with honesty and openness. In addition to good communication between us, you will need to put forth effort between sessions in order to gain maximum results

Benefits that can come from therapy include a general improvement in your relationships, better decisions, reduced stress, and general improvement in the quality of your life

There are also risks. As you explore important areas of your life, you may experience discomfort, pain and/or anxiety. As we progress, it is important that you discuss any issues that you are having with me or the process so that we can progress well.

Appointments

We shall work on successful accomplishment of your goals through regularly scheduled appointments. A scheduled appointment is a time set aside only for you. If you miss or cancel an appointment without 24 hours notice, you will be charged the full fee.

Finances and Insurance

I am on most insurance panels. This means that you will pay your copayment at the beginning of your session. Amount of copayment is usually on your insurance card. I shall then bill your insurance.

If you do not have insurance or do not wish to go through your insurance company, we can negotiate a fee. It will be payable also at the beginning of your session.

I can be contacted by calling 714 838-4174. You will probably get my voice mail. Feel free to leave me a message – it's confidential. I try to return phone calls within 24 hours.

If you are in crisis, leave me a message. Then hang up, and either call 911 or go to your nearest emergency facility.

You will not be charged for a few short phone calls. Calls of ten minutes or more will be charged by the quarter hour and are not covered by insurance.

If you need a written report, there will be a charge depending on length and complexity.

Forms

Before your first session, please fill out each page of this packet completely and bring to session.

I have read and agree to the above.

_____ Patient Signature _____ Date

_____ Patient Signature _____ Date

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PATIENT CONFIDENTIAL INFORMATION FORM

Patient's Name _____ Marital Status _____ Age _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Email _____

Phone(s) Cell _____ Home _____ Work _____

Education: No. of years _____ Degree or Diploma _____ Occupation _____

Employer or School _____ City _____ State _____ Number of years _____

Religious Background _____ Present Religion _____

Raised by both parents _____ single parent? _____ relative? _____ other? _____ No of siblings? _____

Family history of substance abuse? _____ mental illness? _____ prolonged illness? _____

other? _____

Name of spouse, significant other, parent, responsible party _____ Yrs. together _____

Address _____ City _____ State _____ Zip Code _____

Previous therapy? _____ Length of Treatment _____ Name of Clinician _____

Have you ever been hospitalized for substance abuse or any other emotional disorder? _____ If so, brief description _____

_____ dates _____ Name of hospital _____

Current medication(s) and Dosage(s) _____

_____ Continue on back, if necessary

Significant medical problems _____

Referral Source _____

CONSENT: The undersigned or responsible party agrees to the terms below and consents to and authorizes services by

Barbara Lackey, PhD

The undersigned further understands that s/he has the right to

1. Be informed of and participate in the selection of treatment services
2. Receive a copy of this consent.
3. Withdraw this consent at any time

CANCELLATION/MISSED APPOINTMENTS: A scheduled appointment means that the time is reserved ONLY for you. If missed or canceled with less than 24 hours notice, you will be responsible for the TOTAL payment for that time. INSURANCE DOES NOT COVER MISSED APPOINTMENTS. Frequent cancellation and/or missed appointments will result in termination

FINANCIAL TERMS - per therapeutic hour (defined as 50-55 minutes)

_____ PRIVATE PAYMENT _____ DISCOUNT _____ PER SESSION _____

_____ INSURANCE COMPANY _____ AUTHORIZATION NUMBER _____ COPAYMENT _____

SIGNATURE _____ Date _____

SIGNATURE _____ Date _____

PARENT SIGNATURE (for a minor) _____ Date _____

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Phone number: (714) 838-4174 Fax: 949-633-4174

CONFIDENTIALITY:

All information disclosed within sessions and the written records pertaining to those sessions is confidential. It may not be revealed to anyone without your written permission with the exception of the following

1. When there is reasonable suspicion that you are a danger to yourself, or others, or are gravely disabled.
2. When there is a reasonable suspicion of child abuse or elder abuse.
3. Legal proceedings in which I am legally mandated by court order to disclose confidential information.
4. In couple and family therapy or when different family members are seen individually. I will use my clinical judgment when revealing such information.
5. Required disclosure of confidential information to health insurance carriers, HMO/PPO/EAP. This usually involves diagnoses and treatment code description only.

PHONE AND EMERGENCY PROCEDURES

If you need to contact me between sessions and I am not available, please leave a message on my office voice mail. I check messages frequently during the week. If you have an emergency, dial 911 or go to your nearest emergency treatment center

Thank you for your careful consideration of these policies. Your signature is required and indicates that you have read, understand and agree to these policies. It also indicates that you have read and have been offered a copy.

Client Name(s)_____

Signature_____Date_____

Signature_____Date_____

Signature of Minor if applicable_____ Date_____

Barbara Lackey, PhD

Please take a few minutes to think about and respond to the following before your first session: Please check all that apply.

What issue(s) bring(s) you to therapy?

Use back of sheet if necessary

1. Individual issues

Depression Panic attacks
 Obsessions/compulsions Anger/frustration
 Anxiety Sexual issues
 Anger/Frustration Academics
 Addiction Gender issues
Substance eg, Alcohol; Type _____
Process, eg Gambling; Type _____
 Other. Please describe _____

2. Family issues

Relationship issues, communication, infidelity, etc. _____

 Child(children) Behavior, etc _____

 Blended family
issues _____

 Other. Please describe _____

3. Career Issues

Competency Work relationships
 Appreciation/Promotion Financial remuneration
 Other. Please describe _____

What are your expectations and what do you hope to accomplish in therapy? Use back of sheet if necessary _____

Comments: Use back of sheet if necessary _____

