

Agreement to Pay for Professional Services

Embodied Art Therapy & Yoga, LLC
Catherine Rosa, MS, ATR-BC, RYT-200
Registered Board-Certified Art Therapist & Registered Yoga Teacher, 200

I request that the therapist named above provide professional services to me, or to _____, (if client is a minor), and I agree to pay this therapist's fee of \$95 per session for these services.

I agree that this financial relationship with this therapist will continue as long as the therapist provides services or until I inform her either in person or by phone that I wish to terminate treatment. I agree to meet with Catherine Rosa in person at least once before stopping therapy, after notification. Notification can be provided in person, via email, or telephone. I agree to pay for services provided for me up until the time I end the relationship. In the case of cancellation of appointments, I agree to give at least 24 hours notice for cancellations, otherwise I will be charged the full session fee for the missed appointment. I agree that I am responsible for charges for services provided by this therapist to me (or client, as named above) although other persons or agencies may make payments on my or the client's account. I agree to provide credit card information below to hold on file and this card will be charged if I cancel with less than 24 hours notice.

Signature of client or responsible party: _____

Date: _____

Client's or Responsible Party's printed name:

Credit Card #:

Expiration Date:

CVV Code:

Zip Code:

I, the therapist have discussed the above issues of payment with the client or responsible party and the person's behavior and responses give me reason to believe that this person is competent to give consent to treatment for either themselves or for party they are responsible for.

Signature of Therapist: _____

Date: _____

Consent of Release of Personal Health Information (PHI)

Embodied Art Therapy & Yoga, LLC
Catherine Rosa, MS, ATR-BC, RYT-200
Registered Board-Certified Art Therapist & Registered Yoga Teacher

Name of Client:

Name of Responsible Party (if applicable):

I hereby authorize the release of information, including any and all of my treatment record, of my mental health treatment to the party listed below.

The information will be shared with the following party:

Name:

Title: _____

Address:

City:

State

Zip Code

Phone/Fax: _____

Information Released and Reasons: _____

Information can be released both ways: _____ (yes) _____ (no)

By signing this document, I understand that the release of PHI information is to further the goals of my treatment, will be shared only with the party listed above and that I have the right to revoke permission to release information to third parties at any time. Such notification must be given in writing to Catherine Rosa of Embodied Art Therapy & Yoga. Catherine Rosa also must receive in writing a start date of revocation and client must confirm Embodied Art Therapy & Yoga/ Catherine Rosa received the written request.

Signature of Client or Responsible Party:

Date:

Art Release

Embodied Art Therapy & Yoga, LLC

Cathy Rosa, MS, ATR-BC, RYT-200

Registered and Board Certified Art Therapist & Registered Yoga Instructor

I consent to the photographing of any artwork that I, or the child/adolescent/adult that I am guardian/parent of, produce with Catherine Rosa, MS, ATR-BC, RYT-200 at Embodied Art Therapy & Yoga, LLC. I understand that all details as to identity will be kept confidential and the use of such photographs will be for educational purposes only. Catherine Rosa will not share in any public forum artwork created in sessions except for educational purposes with client or guardian's permission.

Client's Signature

Responsible Party's Signature, if applicable

Client's or Responsible Party's Printed Name

Date

Intake Questions

Embodied Art Therapy & Yoga, LLC
Cathy Rosa, MS, ATR-BC, RYT-200
Registered and Board Certified Art Therapist & Registered Yoga Teacher

Name of client: _

DOB: _____

Ethnicity: _____

Address:

Phone:

Emergency Contact (Please Specify relationship): Client's school (if minor) or Place of

Employment:

Release of Records Signed: _____ Yes _____ No

Did someone refer you? If so, can I thank them?

What is your occupation and education level?

Family Members, Friends, Support System:

What activities do you/client enjoy? _____.

Any hobbies or creative activities? _____

Who lives with you/the client (if form being filled out by parent/guardian) ?

Are there any significant illnesses or hospitalizations? Please give dates. Please let us know if your child have had a recent medical exam. Please also list all current medications. Continue on the back of the form if needed. _____

Are there problematic behaviors at home or school?

Have you/client been in therapy before? What was the outcome?

Is there any substance abuse history either with client or in the family?

Any history of abuse, either physical, emotional, sexual, verbal in the family?

What makes you/client sad?

What makes you/client happy? _____

RISKS & BENEFITS

It is agreed that the client shall make a good-faith effort at personal growth and engage in the therapy process as an important priority at this time in his/her life. Therapy is designed to assist clients in resolving issues and dealing with difficult challenges. I will make every effort to make therapy successful in this manner. However, you should know that participating in therapy is no guarantee that you will "solve" your problems and that issues will be 100% resolved. Please be aware that through the course of therapy, we may expose unresolved issues that may cause emotional distress. Participation in therapy means that you accept these risks and are willing to deal with the potential emotional upheaval. Suspension, termination, or referral shall be discussed for lack of commitment or for any unresolved conflict or impasse between therapist and client as soon as possible.

Every effort to deal with discrepancies in dealing with treatment or payment should be made first with Cathy Rosa. If no satisfactory mutual agreement is reached after an extended and reasonable period of time, the client may contact the American Art Therapy Credentials Board:

7 Terrace Way, Greensboro, NC, 27403-3660.

(877)-213-2822

Social Media Policy and Electronic Communication Policy

Embodied Art Therapy & Yoga, LLC
Catherine Rosa, MS, ATR-BC, RYT-200
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Electronic Communications: I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. You are also advised that any email sent to me via computer in a work environment is legally accessible by an employer. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Embodied Art Therapy & Yoga/ Catherine Rosa is ethically and legally obligated to maintain records of each time we meet, talk on the phone, or correspond via electronic communication such as email or text messaging. These records include a brief synopsis of the conversation along with any observations or plans for the next meeting. A judge can subpoena your records for a variety of reasons, and if this happens, Embodied Art Therapy & Yoga must comply.

Social Media/Internet Search/Endorsements: While my present or potential clients might conduct online searches about my practice and/or me, I do not search my clients on search engines or social media unless there is a clinical need to do so, as in the case of a crisis or to assure your physical wellbeing. I do not “Friend”, “Connect” or “Follow” clients on any form of social media if I have personal accounts in order to protect your confidentiality. If clients ask me to conduct such searches or review their websites or profiles and I deem that it might be helpful, I will consider it on a case by case basis and only after discussing possible impacts to our professional relationship and your privacy. I also will not endorse client or contractor’s products in any presence whether online or otherwise as that creates a dual relationship.

Signature of Client or Responsible Party

Date

Therapist Signature

Confidentiality Agreement, Embodied Art Therapy & Yoga, LLC

Embodied Art Therapy & Yoga

Catherine Rosa, MS, ATR-BC, RYT-200

Registered Board-Certified Art Therapist & Registered Yoga Teacher

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records, as well as artwork, about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

Duty to Warn and Protect

When a client discloses intentions or a plan to harm self or another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health-care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities. Prenatal Exposure to Controlled Substances Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful. Minors/Guardianship Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

Client Signature (Client's Parent/Guardian if under 18 or due to other condition)

Print Name

Today's Date