



Sarah Pettengill, M.A. LMFT

951.384.1770

sarah@murrietchristiancounseling.org

DISCLOSURE STATEMENT

Counselor Training, Counseling Orientation, General Information, and Counseling Fees

Training and Degrees: I'm a Licensed Marriage and Family Therapist with education from Simpson University. My degree is a Master of Arts in Counseling Psychology. I am credentialed as a California state therapist, license number (LMFT105533). Over the past 8 years I have developed experience with adults and adolescents and children. I am a pastor's wife and psychology professor at Azusa Pacific University. Experience includes helping others through social work for low income seniors and foster children, teaching foster parenting classes, support groups for anxiety, grief, and foster parent issues. It also includes anger management, premarital counseling, children and adults suffering with ADHD through a private practice in Washington state.

Counseling Orientation: Faith is an important part of daily life and relationship to God. To ignore this would be a disservice to the client, so I integrate faith into each session with those who are open.

Fees: The fee for counseling is \$90 per 50-minute session for individuals and \$110 per 50-minute session for couples and families. Fees are adjusted annually on January 1 and will not increase more than \$10 per year, if increased. Payments (cash, check or credit) are to be made at the end of each session. A \$30 fee will be charged for returned checks. **Outstanding balances may be sent to a collection agency.**

Court: If a client would like to do counseling for court purposes, it needs to be discussed at the first session to see if we are a good fit for the court requirement. Any documents that will be needed, time to produce letters or notes, and time in court will be charged at the regular hourly rate.

Missed Appointments and Rescheduling: If you are unable to keep an appointment, please notify me via phone or email a minimum of 24 hours in advance. If you miss your appointment for whatever reason and fail to give me adequate notice, you will be responsible for **half of the session and up to the full fee for the session. Rescheduling two times, if less than a day in advance, results in possible charging, due to not being able to fill a spot with another family due to short notice.** If you are late, I will still stop at our regular ending time to keep my schedule, and you will still be required to pay for the entire session. I can supply you with a receipt for you to submit to your insurance company for out of network insurance. I do not bill insurance. If I have an emergency, I will notify you as soon as possible of my need to reschedule our appointment.

Therapy is online! Teletherapy is the means for which I work with clients, all online through a platform called Clocktree. It is a HIPPA compliant platform where you will meet with me on a one on one or couple basis at your appointment time. You can do counseling from anywhere there is internet, and if you have a device with a camera. I will call you on the platform at your appointment time and give you information on how to navigate the platform. Per internet connection issues, you will be called back by me to fix the connection.

Termination of Treatment: When you wish to terminate treatment, **please give a minimum of one week's notice.** You may terminate treatment at any time without moral, legal, or financial obligation beyond payment of services already rendered. It is expected that we will discuss the prospect of termination so that both parties will be clear about any details that need attention as part of the termination process. If you fail to schedule a future appointment, cancel a scheduled appointment, or fail to keep a scheduled appointment and do not contact me within 30 days of the date of last recorded contact, it will be understood that you have terminated treatment.

Choosing a Counselor: You have the right to choose a counselor and I recommend calling your counselor before you have your first meeting to ask about specialties and how the therapist will meet your needs.



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Mandated Reporting: Any information that I deem relevant in situations where I believe a client or others to be at risk of physical harm, physical or sexual abuse, molestation, or severe neglect will need to be reported. Therapists are mandated reporters and need to help protect others when abuse and neglect is present.

Consultations: I regularly consult with other professionals about how to best help my clients if needed. These consultations are conducted in such a way that confidentiality is maintained.

Unprofessional Conduct: The brochure titled “Professional Therapy Never Includes Sex” mentions ways in which counselors may work in an unprofessional manner. If you suspect that my conduct has been unprofessional in any way, please contact the Board of Behavioral Sciences.

Contacting Me by Phone: You may leave me a voice message at 951.384.1770. I check this message periodically and will typically return your call within 24 hours.

I have read and understand the information present in this form.

Date: _____ Patient Signatures _____



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CREDIT CARD PAYMENT AUTHORIZATION

Sign and complete this form to authorize Murrieta Christian Counseling to debit your credit card or debit card as listed below. By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for therapeutic treatment fees accrued while in treatment and does not provide authorization for any additional unrelated debits or credits to your account. Credit cards will also be debited if you fail to give adequate notice by phone of missing an appointment. No more than two consecutive missed appointments will be billed. A receipt of credit card processing will be sent to the email provided below. Please complete the information below:

I, _____ authorize Murrieta Christian Counseling, to charge my credit card account indicated below (your card may also be copied for our records). Fees accrued for missed appointments or failure to provide payment at the time of service will be processed via credit card at a rate of \$90 per 50-minute session for individuals and \$110 per 50-minute session for couples.

Billing zip: _____

Card Number _____ exp. _____ code _____

I authorize Murrieta Christian Counseling to charge the credit or debit card.

Date: _____

Signature: _____



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AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

Please fill out this form if you have a diagnosed disorder from another professional and/or are taking medications for a disorder such as depression, sleep issues, anxiety. This form cannot be used for the re-release of confidential information provided to the Murrieta Christian Counseling by other individuals or agencies. Such requests should be referred to the original individual or agency.

I _____ authorize Murrieta Christian Counseling to:

- release to:**
 - obtain from:**
 - exchange with:**
- _____
- _____
- _____

the following information pertaining to myself:

- treatment summary**
- history/intake**
- diagnosis**
- psychological test results**
- psychiatric evaluation/medication history**
- dates of treatment attendance**
- other (specify) _____**

for the purpose of:

- evaluation/assessment and/or coordinating treatment efforts**
- other (specify) _____**

This consent will automatically expire one (1) year after the date of my signature as it appears below, or on the following earlier date, condition, or event _____.

I understand I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released).

Signature of Client **Date** **Social Security #: _____**
OR
Date of Birth: _____

Signature of Witness **Date**



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Adult Intake Form-Couples

Today's Date: _____

Name : _____ Name: : _____

Address: _____

Phone: Home: _____ Cell: _____

Phone: Home: _____ Cell: _____

Date of Birth _____ Date of Birth _____

Email address _____ Email address _____

Would you like to have email contact? _____

Family Information:

Years Married or together: _____

Previous Marriages/Divorces? _____ Previous Marriages/Divorces? _____

Religious Status _____

Children and Grandchildren/names and ages? current location?

Current Issues: _____

Goals for Therapy: _____

Is there any abuse or addiction in your home by you or your partner? _____

Are you or your partner having any suicidal, emotional or physical symptoms (i.e. depressed, anxious, trouble sleeping or eating)

Have you or your Partner been diagnosed with any emotional/mental disorders or had any issues of concern? _____

Previous Diagnosis/Treatment/Dates: _____

Current Medication/History/Dates: _____

Referred by _____