

Sarah Pettengill, M.A. LMFTA
Peninsula Therapy, PLLC

951.384.1770

sarah@murrietchristiancounseling.org

DISCLOSURE STATEMENT

Note: You are responsible for recollection and attestation that this form was read in entirety.
Signature required below.

Training and Degrees: I'm a Licensed Marriage and Family Therapist with a Masters degree from Simpson University in Counseling Psychology. I am credentialed as a Washington state therapist, license number (60406418) Over the past 9 years I have developed experience with adults, adolescents and children. I am a pastor's wife, taught psychology as an adjunct professor at Azusa Pacific University, and run a private practice in California. 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.

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. My work consists of anger management, foster parenting and adoption, parenting, ADHD for adults and children, anxiety, depression, and clergy family services. I see women and couples, 16 years of age and up.

Fees: The fee for counseling is \$110 per 53-minute session for individuals and \$120 per 53-minute session for couples and families who are private pay. Fees are adjusted annually on January 1 and will not increase more than \$10 per year, if increased. Payments (cash, or credit) are to be made at the end of each session. **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 that holds your files. It is a HIPPA compliant platform where you will

Sarah Pettengill, M.A. LMFTA
Peninsula Therapy, PLLC

951.384.1770

sarah@murrietchristiancounseling.org

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.

Insurance Billing: It is the client's responsibility to verify insurance coverage prior to intake sessions. They are responsible for anything not covered by the insurance plan, including denials. Please call to make sure that your session will be covered, including teletherapy options. Your insurance will be billed by my team per HIPPA standards.

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 and Rights: 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. You have the right to refuse treatment and the right to choose a practitioner and treatment modality which best suits your needs.

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.

Emergencies: I do not offer crisis coverage. If you are experiencing emergencies or a threat to yourself or others, please call 911 or go to the nearest hospital emergency room.

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. If you are comfortable with texting, you may do so upon reasonable hours 8-6pm. If you are not comfortable with texting, please let your therapist know.

Revised 7/6/21

Sarah Pettengill, M.A. LMFTA
Peninsula Therapy, PLLC

951.384.1770

sarah@murrietchristiancounseling.org

Patient Signature _____ Date:

Patient Signature _____ Date:

Sarah Pettengill, M.A. LMFT

CREDIT CARD PAYMENT AUTHORIZATION

Sign and complete this form to authorize Peninsula Therapy, PLLC to debit your credit card, debit card or HSA account 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 and requested document 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 Peninsula Therapy, PLLC 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 \$110 per 53-minute session for individuals and \$120 per 53-minute session for couples.

Zip code:

Card Number:

expiration:

3- digit code:

Phone number for receipts _____

I authorize Peninsula Therapy, PLLC to charge the credit or debit card.

Date: _____ Signature: _____

Sarah Pettengill, M.A. LMFTA
Peninsula Therapy, PLLC

951.384.1770

sarah@murrietachristiancounseling.org

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 Peninsula Therapy, PLLC 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) _____

Sarah Pettengill, M.A. LMFTA
Peninsula Therapy, PLLC

951.384.1770

sarah@murrietchristiancounseling.org

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).

_____ Social Security #: _____

Signature of Client

Date

OR

Date of Birth: _____

Signature of Witness

Date

Sarah Pettengill, M.A. LMFTA
Peninsula Therapy, PLLC

951.384.1770

sarah@murrietchristiancounseling.org

Adult Intake Form

Today's Date: _____ Name : _____

Address: _____

Phone Home: _____ Work: _____ Cell: _____

Date of Birth _____

Email address _____ Would you like to have email
contact? _____

Family Information

Name of Significant Other: _____ Years
Married: _____

Previous Marriages/Divorces: _____ Religious
Status _____

Children and Grandchildren/names and ages? current location?

Current Issues Causing
Problems: _____

Goals for Therapy: _____

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

Are you feeling suicidal or having suicidal thoughts? _____

Sarah Pettengill, M.A. LMFTA
Peninsula Therapy, PLLC

951.384.1770

sarah@murrietchristiancounseling.org

Are you or your partner having any 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: _____

Physician/Psychiatrist Name/Address _____

Current Medication/History/Dates: _____

Referred by: _____

Other Questions or Concerns: