

Marc R. Bertone, MA, JD, MFT
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CLIENT'S PERSONAL INFORMATION

NAME _____ DATE OF BIRTH _____

CURRENT AGE _____ SS# _____ DL# _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL _____

Where may I contact you to leave messages? Home ____ Work ____ Cell ____ Email ____

OCCUPATION _____ EMPLOYER _____

MARITAL STATUS _____ HOW LONG? _____

SPOUSE'S NAME _____ SPOUSE'S AGE _____

CHILDREN'S NAMES AND AGES

FAMILY PHYSICIAN _____ PHONE _____

CURRENT MEDICATIONS _____

KNOWN HEALTH PROBLEMS _____

RELIGIOUS/ SPIRITUAL ORIENTATION _____

PRIOR THERAPIST AND TREATMENT DATES _____

CURRENT REASON(S) FOR THERAPY?

HOW WERE YOU REFERRED TO ME? _____

When a new client commences counseling with me, I provide them with this intake and engagement letter to gather some preliminary information, explain some ground rules, how I work, and how the therapeutic process may unfold. This document is intended to provide important information to you regarding your treatment. *I encourage you to read this entire document carefully and to ask me any questions that you may have about its contents.*

I received a Masters Degree in Counseling Psychology from the University of Santa Monica in August, 2006 and became licensed as a Marriage and Family Therapist (MFT) in 2009. If you are being seen at the University Psychological Associates offices, you understand that you are being treated by me, as an independent private practice therapist, with no liability for the work of any other private practice therapist at 4010 Barranca Parkway, Suite 252, Irvine, CA. My policies and procedures are my own and may differ from other therapists at this location. I am governed by the laws of the State of California and the rules and regulations promulgated by the Board of Behavioral Sciences pertaining to MFTs.

The counseling approach that I use is best described as integrative psychotherapy – utilizing a combination of various therapeutic strategies and skills depending upon a client's unique challenges, needs and goals. I have considerable experience in applying all of the following orientations: psychodynamic, Gestalt, family systems, cognitive behavioral therapy (CBT) and spiritual psychology. I am also a certified hypnotherapist.

Psychotherapy sessions generally consist of listening to what a client has to say and then responding with a comment or question. I refrain from giving advice, because I prefer to empower my clients to find their own answers and/or initiate their own changes through a process of facilitating greater awareness about themselves and their issues (and, occasionally some of their potential choices). In most cases, it will be imperative that such awareness occur on both a mental and an emotional level before answers can be had or desired changes can be achieved. Accordingly, I may occasionally remain silent in order not to interfere with what a client is thinking or feeling. It is normal and natural for strong feelings to arise during the course of psychotherapy. It is not unusual for a client's symptoms to become more pronounced during the course of therapy, although therapy sessions generally assist a client in coping with the experience of painful feelings, difficult memories, or problems relating to others. Sometimes, psychotherapy can result in greater pressures being placed upon relationships, as participants uncover, process and share their thoughts and feelings. Such pressures could lead to significant changes in such relationships, including dissolution. Decisions on the status of clients' personal relationships remain a client's responsibility, but I am willing to help explore the options and potential outcomes in any given situation. I invite feedback from my clients about the progress of their psychotherapy and encourage them to share openly and honestly about their experiences of our sessions together *at any time*. As a human being, I occasionally make mistakes. When they involve you, I hope that you will have the willingness and courage to help me learn from them.

I generally hold 50-minute sessions with individuals (considered to be a standard "therapeutic hour"), unless treatment includes hypnotherapy or EMDR – in which case I may recommend a 75-minute session (or longer), and generally recommend 75-minute sessions with couples and families, with the frequency and the length of psychotherapy being determined by the client and me. Your treatment and my schedule necessitate that our sessions begin and end on time, which means that a client who arrives late for an appointment will not have the benefit of a full session. Therapy sessions will ideally continue until a client and I mutually agree that our work is complete. It is customary to have a final session, upon termination, to process any thoughts, feelings and decisions surrounding the ending of our therapeutic relationship. Should a client

cease counseling for sixty (60) days or more, and not communicate a desire to return, I will likely notify such client that I am closing his/her/their file. If such a client should later determine that he/she/they would like to return, I will usually allow it – subject to whatever my prevailing rates may be at that time.

Notwithstanding anything contained to the contrary herein, a client shall not be treated using hypnotherapy and/or EMDR unless and until the parties mutually agree and only if such modalities are first determined to be clinically appropriate. In that event, a client should be aware that EMDR is a specialized psychotherapeutic approach, involving 8 phases, that requires a screening and assessment process to evaluate the appropriateness of a client's readiness before proceeding through the 8 phase process. This is determined by a protocol that is mandated by EMDR International Association, which governs the standards and ethics of EMDR practice. The screening and assessment process can take up to 2-4 sessions, just as any other psychotherapeutic approach, to formulate a diagnosis and treatment recommendations. Only then can a determination be made as to whether or when to proceed with EMDR, using the 8 phase protocol. EMDR is a therapy that is listed in the new Department of Veterans Affairs & Department of Defense Practice Guidelines "A" category as "highly recommended" for the treatment of trauma. EMDR is also listed as an effective form of therapy, backed by research, on a new National Institute of Mental Health (NIMH) sponsored website, "Adult MH Therapist for Post Traumatic Stress Disorder."

I do not charge for missed sessions when I have *at least 24 hours' notice*. **However, I do charge a full session fee for both late arriving clients and sessions missed with less than 24 hours' notice (whether the circumstances are under your control or not)**. I currently charge \$120 for a 50-minute session and \$180 for a 75 minute session, but I reserve the right to periodically adjust my fees upon reasonable notice. Payment must be made, by the conclusion of each session, in the form of cash or check (but exact cash is needed since change cannot be given). I do not accept credit cards. Checks should be made payable to "Marc Bertone." Occasionally, I will be out of town. When I am, I will do my best to arrange for an alternative session time that works for the client.

Telephone consultation may be desirable (or even necessary) at times during the course of treatment, including crisis management, case management and/or imparting information pertaining to you. Such telephone consultation may involve conferences with other professionals or individuals such as physicians, psychiatrists, referring therapists, school counselors, lawyers and the like. Routine calls requiring 10 minutes or less will not be charged, but calls in excess of 10 minutes will be charged based upon a pro-rated portion of my current session rate. Hospital visits, depositions, court appearances and other in-person services shall also be billed at my current session rate for the amount of time required. That being said, it is never my intention or desire to become voluntarily involved in any court proceeding pertaining to a client.

I do not bill insurance companies for my services on a client's behalf but, upon request, will gladly provide a monthly "superbill" for a client who chooses to submit a claim for all or any applicable portion of my services. However, being an out-of-network provider, it is possible that some insurance companies will not reimburse you for my services, so please make appropriate inquiries with your insurance company, in advance, if that is of concern to you.

Messages should be left for me *only* on my cell phone: (949) 683-0412. I will endeavor to return all voice messages within 24 hours. Except in rare circumstances, I discourage counseling by phone (because I lose the benefit of seeing your body language, which is a crucial component

of effective communication) and, therefore, prefer to schedule additional face-to-face sessions to address most pressing client concerns. Please do not leave me an email message with the expectation of a prompt reply, as I do not use email as a primary means of communicating with clients and do not promise to regularly check my email. Moreover, I cannot assure the confidentiality of emails. In the event of an emergency (when physical safety is at issue), you should call “911” or go to the emergency room at any hospital.

I have both a legal and ethical duty to ensure that what a client and I talk about remains confidential. In addition, good clinical practice dictates that I divulge the few circumstances under which there are exceptions to that confidentiality. First, if I have reason to believe that a child, an elderly person, or a dependent adult is being abused, neglected, isolated, abandoned or financially exploited, I am legally obligated to disclose such information to appropriate agencies. Laws called “mandatory reporting statutes” leave me no room for discretion. Secondly, I am obligated to break confidentiality when doing so is necessary to protect an individual’s physical safety, e.g. if they are considered a danger to themselves or others. Finally, certain legal proceedings or The Patriot Act of 2001 may require that I disclose otherwise confidential information. In such event, I will make every reasonable effort to discuss this matter with my client first; it being my preference to make any such disclosures with their full knowledge. During the course of therapy, you might find it necessary or desirable for me to consult with a referring physician, psychiatrist, therapist, lawyer or the like. In such event, I will ask you to sign a release, which authorizes me to share information with them.

I will consult with other mental health professionals when I determine that doing so would be helpful to the psychotherapeutic process. When speaking with them, I will make every reasonable effort to disguise identifying information about a client. Any professional with whom I speak is, like me, bound by confidentiality.

Because I live and work in the Irvine area, it is possible that we may, someday, see each other in a public place. If that should occur, I will not approach you or acknowledge you (to protect our confidential relationship), unless you initiate contact. Should you do so, I will be most happy to greet you, but please be mindful of the potential for having to explain how we know each other when a third party accompanies you. If I am with someone else, rest assured that I will never reveal to them that you are a current or former client.

In the case of couples’ and family counseling, I insist on a “no secrets” policy. This means that whatever either or you might say to me separately will not be withheld from the other(s) and may, in fact, become the focus of our next therapy session together.

I look forward to working together.

Sincerely,

Marc R. Bertone, MA, JD
Licensed Marriage and Family Therapist
MFC #47827

I (we), the undersigned, hereby acknowledge that I (we) have read the foregoing intake and engagement letter, that the information I (we) provided is true and correct, and that I (we) consent to therapy upon the terms and conditions outlined herein.

Dated: _____

Dated: _____

Signed: _____

Signed: _____

Printed Name: _____

Printed Name: _____