



Welcome

Thank you for choosing me to assist you in achieving your personal and relationship goals. It can be a difficult yet courageous thing to share your innermost thoughts, feelings, concerns and aspirations with a professional therapist and coach. Feel free to ask me any questions regarding your consultations and progress, and let me know if there is a better way I can serve you.

Enclosed in this Welcome Packet you will find the following:

- Application Forms. Please fill out and bring these forms to your first session, or scan and email them back to me:
 - Application for Services
 - Informed Consent and FAQ
 - HIPAA Privacy Notice
 - Brief Assignment:
 - Getting Started: Individual Brief Assessment & Goal Planning (complete if you are coming for individual counseling)
 - Getting Started: Pre-Session Couples Assessment Worksheet (complete if you are coming for couples counseling)
- Optional Forms & Instructions:
 - Release of Confidential Information Forms
 - Authorization to Charge Debit/Credit Card for Services Rendered
 - Office Directions and Scheduling

Also you can read many free articles at MarriageEnvy.com

MarriageEnvy.com is my flagship website and information clearinghouse. You may already know that I work with many issues in addition to helping marriages and at MarriageEnvy.com you can find articles, workshops further information about:

- Marriage Transformation
 - "Attract the Best" Singles Seminar
 - Marriage Prep
 - 2nd/3rd Marriage Dynamics & Blending Families
 - Divorce Transitions
- Parent Training
 - Parenting with Love and Logic
 - Effective Discipline Strategies
 - Relationship Building and Bonding
 - Step-parenting
- Self-Mastery
 - Strong Emotion Management (stress, anger, depression, anxiety, PTSD, trauma, grief and loss)
 - Behavior Management
 - Addiction Recovery (substance and pornography)
 - Goal Achievement
 - Life/Executive Coaching

If you want further information on these or other topics please let me know and I'll be happy to get them for you. I look forward to meeting you at our first appointment. Please feel free to call me if you have any questions or concerns at 801.787.8014.

Respectfully,

A handwritten signature in black ink that reads "Jonathan D. Sherman LMFT". The signature is written in a cursive style.

Jonathan D. Sherman, LMFT
Relationship Strategist (Licensed Marriage & Family Therapist) and Speaker

jonathan sherman

RELATIONSHIP STRATEGIST (licensed marriage and family therapist) & SPEAKER

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Application for Services

CLIENT INFORMATION

Name: _____ Date of Birth: _____ Age: _____

Spouse: _____ Date of Birth: _____ Age: _____

Phone: Home: _____ Work: _____ Cell: _____

Email(s): _____

Is it okay to call and leave a message for you at the above numbers? Yes ___ No ___

Address: _____ City: _____ Zip: _____

Others living with you:

Name	Age	Relationship to You
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any medications you are currently taking: _____

Have you been in therapy before? Yes, No. If yes, when: _____

Name of therapist: _____ Location: _____

Give a brief description of issues worked on: _____

Did you find it helpful? Yes, No, Neutral. What was most/least helpful about it?: _____

How did you find out about Jonathan Sherman or MarriageEnvy.com? Newspaper, Radio, Internet, Attended a Workshop/Class, Friend, Relative, Therapist, Physician, Clergy, Other: _____

If from a person: May we send that person a thank you note? Yes, No

Their name: _____ Phone: _____

Address: _____ Email: _____

In case of emergency who should we contact:

Name: _____ Phone: _____ Relationship to you: _____

Address: _____

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Informed Consent (General) & FAQ

Confidentiality Statement

Q: How do you handle my confidential information?

All information shared in sessions is confidential except in circumstances

governed by state and federal laws including the mandatory reporting of alleged harm to self or others, particularly in the case of child, handicapped person, or elder abuse. Read and sign the HIPAA

Privacy Notice that follows for more detailed information and consent.

Financial Policy & Agreement

Q: What is your Payment Policy?

I am committed to providing you with the best possible services. Payment for services is due at the time of service. I accept cash, checks, debit and credit cards. If a check is returned I will notify you so you can resubmit your check. Accounts that are delinquent will of necessity be sent to a collections agency.

Q: What is your Collection Policy?

By signing below you agree to pay all amount(s) owed within 30 days of when such amount(s) are incurred. You understand that it is your responsibility to provide your correct/updated contact information and that this office will bill you or the agreed upon third party payer as a courtesy to you. However, regardless of who is paying for you services, you agree that it is and shall remain your responsibility to pay all amounts owing as set forth herein. You agree that interest will accrue on all past-due amounts at the rate of 18% per annum (1.5% per month) until paid in full. In the event any amount(s) is/are referred to a third party debt collection agency, you agree that in addition to any other amount(s) allowed for by law, (such as interest, court costs, reasonable attorney's fees, etc.) you will also be responsible for a collection fee of up to 40% of the principal amount(s) owing as allowed by Utah Code Annotated, sec. 12-1-11. The terms of this paragraph shall apply to all amount(s) incurred by you or by any individual for whom you have legal responsibility whether such amount(s) are incurred today or after today.

Q: What is your standard fee?

My standard fee is \$150 per hour. Sessions that run over one-hour are pro-rated by the quarter hour. In-between phone, text or email support are included at no extra charge unless the time required exceeds 30-minutes at which time it is billed accordingly.

Payment Options:

Pre-Payment Discount: You can purchase pre-paid Session Packages of 3, 6, or 10 hours at a time and save between \$15 to \$25 off the regular hourly rate and \$45 to \$250 total. Ask me, or see the Fees section at MarriageEnvy.com/FAQ, for full details

Pay at Time of Service: Pay the regular hourly fee at the time of your session.

Pay Over Time: If you can't pay the full fee all at once and would still like to retain my services, I am willing to accept a portion of the full fee at time of service and the balance to be put on your bill that you can then pay over time. So long as there are no collection difficulties, I am happy to provide this pay over time service with no additional interest, charges or fees to you. If you choose to carry a balance you agree to pay \$_____ each month until the full balance owing is paid in full. You understand that as long as you are making monthly payments as agreed that you can carry this balance with 0.0% interest and that you will not incur additional fees or service charges. However, failure to stay up on payments or to make other payment

arrangements with this office will result in interest, fees and collection actions.

"I understand the pay over time agreement." Initial: _____

3rd Party Billing:

- **Clergy:** I work with many clergy (bishops, pastors, Fathers, reverends, rabbis, etc.) who assist their members in need with their fee. I offer a steeply discounted fee for clergy-supported clients. I send the bill directly to the clergy person.
- **Family:** Some clients receive help from their family. They can pay using any of the payment options above.
- **Insurance:** I typically don't work with insurance, however, some clients seek reimbursement on their own from their insurance company. In these cases, I am happy to provide a billable invoice showing the amount you have paid along with the necessary diagnostic and session codes insurances companies need. See "Insurance FAQ" below for full details.

Sliding Fee

Occasionally, I do offer a sliding-fee scale based on monthly/yearly gross income on a case by case basis for those who qualify, which we can discuss further at your request. This adjusted fee is usually discussed and agreed upon during the initial phone interview. If applicable, your

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adjusted fee per session hour is:
\$ _____.

Q: What does my fee cover?

Your fee covers many aspects of your progress beyond the session alone, such as:

1. Our direct session time together which is strategically focused towards your goals;
2. Preparation before and after each session;
3. Between session support via phone/email communications that is less than 15 minutes per communication;
4. Research & Continuing Education. Assuring the best and most current information and skills for you through continuing research and education;
5. Availability. Since I work with a select clientele, and smaller case-load, I am much more available than most to attend to my clients' needs;
6. Experience. This is the "priceless" aspect of your fee. Let me share two stories to illustrate:

- a. A man had spent many unsuccessful and frustrating hours trying to fix a squeaky floorboard in his living room. He finally gave in and decided to call a carpenter to fix it. When the carpenter arrived he entered the room and tested the squeaky area of the floor a few times with his foot. He then pulled out a single nail and promptly hammered it into the floor. To the homeowner's surprise and delight the squeak he had been unable to fix on his own was gone. His elation quickly faded when the carpenter handed the homeowner a bill for \$95.00. "\$95.00 dollars for one nail!" the man protested. The carpenter quietly took the bill from the man, wrote on it and handed it back. It read, "1 nail: 5 cents. Knowing where to put the nail: \$94.95." The obvious moral: You are paying for much more, and getting much more, than your session time alone.
- b. Not too long ago, I saw this on the back of a plumber's truck that I thought well applies to some peoples concern

regarding the cost of this type of coaching: "The bitterness of low quality remains long after the sweetness of low price has gone."

If you have any questions regarding your fee, please feel free to ask. It is understood that charges will be added to your account for professional services rendered by (i.e., phone contacts over 20 minutes, preparation of special reports, court time, collateral sessions with other parties, etc). The fee for these services is equivalent to the hourly rate.

Q: What is your Cancellation Policy?

Sessions are typically a full 60 minute hour (as opposed to the 50-minute "hour" common to many therapists). Your time has been reserved for you. No-show fees are charged for appointments canceled or broken without 24 hours advance notice. The no-show fee is equivalent to your regular hourly session fee.

Insurance FAQ

Q: Why don't you take insurance? What is your policy on insurance reimbursement?

Unlike many providers I do not accept insurance nor do I process insurance claims. There are three key reasons for this that I think are very important:

1. **Confidentiality.** Insurance companies require that you be diagnosed with a mental health disorder if you are to be reimbursed. This diagnosis goes into your permanent health record and may affect your ability to be insured in the future. Many people do not appreciate this especially when they change jobs and apply for new insurance and are then denied or limited in their coverage.
2. **Client Care.** I have found that the extraordinary amount of paperwork required for processing claims takes away significantly from time that can be invested in personal client care (i.e., personal responsiveness to client's needs, additional individual research for each client, ongoing research and

education, coordinating with providers, family members, and other supports, etc.). Collecting from insurance involves processing, billing, collecting and negotiating treatment with insurance companies and so on. Less time on processing insurance claims equals more time to client care by developing client-specific interventions, continuing to improve on our knowledge and skills, conducting research, etc. which translates into a higher quality product for my clients.

3. **Course of Treatment.** An insurance company's primary goal is to spend the minimum they can to maximize their profits. That is what they are in business for, which is fine. However, this translates into a third party who does not know your needs and circumstances dictating who you can see, what can or can't be addressed, what types of sessions you may or may not have, and how many times you can see them, if at all. I firmly believe that deciding who you see should be your choice and that the course of treatment should be

negotiated by those directly involved in it — the client(s) and the consultant.

I realize that mine is a strong stance. If accessing your insurance benefits, either out of necessity or preference, is important to you I will be happy to refer you to other qualified colleagues of mine who do process insurance claims.

Q: Isn't there any way I can work with you and still use my insurance?

Some of my clients have found that they have been able to submit their own claims for our work together. Depending on your insurance benefits, some companies will reimburse you, in full or in part, for services rendered. You may contact your provider directly and ask if this is an option. If so, I will be happy to provide you with an invoice with the necessary insurance billing codes and information they require.

Q: Have you had to refuse service to many people because of your insurance policy?

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Actually, there have only been a few times where we couldn't develop a workable payment solution and I had to refer them elsewhere. The good news is that due to the focused and strategic nature of our work together, most find they have made considerable progress in a very limited amount of sessions (everyone's different, but the average is 8-12 sessions for marked improvement). Thus those who pay full fee find that it's usually still a cost-effective strategy compared with less-expensive therapy that may also be less-effective. That, combined with the sliding

fee scale option, usually makes the work quite affordable. Further, many have found additional help through other third parties (see below).

Q: Do you take reimbursement from other third parties?

Yes. I work with many clergy from various faiths who financially support their members in full or in part. You are welcome to check with your clergy person to discuss this option and he or she is welcome to contact me directly if he or she has any questions. Further, family members have also been willing to support or defray the cost of services in full or in part.

Emergencies

Q: How do you handle emergencies or crises?

While it's not common in my practice, the occasional crisis may arise. I check my

voice mail daily and will call you as soon as I'm available. However, in the case of an actual emergency and you cannot reach me do not hesitate to call 911, call a crisis

hotline, and/or go to the local emergency room.

Statement of Understanding

My consultant has reviewed this client-consultant agreement with me. I understand and agree to the above terms.

Client Signature

Date

Signature (for spouse/partner/adult family member)

Date

Consultant Signature

Date

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Informed Consent

(for Couples Counseling & Confidentiality)

When a couple enters a client-therapist professional relationship, the marriage or romantic relationship is the client. As such, any release of information from the file requires the written consent of both partners.

If one partner leaves the client-therapist relationship, the departing partner's right to restrict the release of information ends with the culmination of the last conjoint/couples therapy session.

If the remaining partner chooses to continue, a new application and consent for therapy will be signed, and a new,

individual file created. At commencement of the first individual session, the client in the client-therapist relationship is now that individual. That individual has the right to restrict the release of information from his/her file without his/her partner's consent.

While you are engaged in couple's counseling, my professional commitment is to your couple relationship. As such, I will not hold confidential from either partner information provided to me in individual sessions, emails, correspondence, phone calls, or other form of communication. This does not imply that I have a responsibility to share any or all communication from one

individual to another. However, individual communication with me may be shared with your partner without your written or verbal consent.

Licensed Marriage and Family Therapists (LMFT's) have an ethical commitment to objectivity in their professional relationship with couples. LMFT's also have an ethical commitment to not engage in dual relationships. A dual relationship would exist if the therapist provided information in a legal case. Therefore, I, as a LMFT, do not provide information in legal proceedings, including, and not limited to, divorce and child custody cases.

By signing below you acknowledge that you have read and understand the above, that you have had the opportunity to have your questions answered, and that you agree to the above policies.

Signature

Date

Signature

Date

jonathan sherman

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HIPAA Privacy Notice

THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THAT INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

I am committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your mental health condition and the treatment you receive from me. This Notice details how your PHI may be used and disclosed to third parties. This Notice also details your rights regarding your PHI.

Use and Disclosure of Information

1. Federal regulations allow me to use or disclose your PHI for purposes of treatment, payment and health care state operations without your written authorization:

- a. Treatment – In order to provide you with the care you require, I may provide your PHI to health care professionals who are directly involved in your care for the purpose of coordination or consultation, or to other professional colleagues for the purpose of consultation or supervision. For example, I might consult with your psychiatrist, if you are being treated with medication, in order to assist in your evaluation and treatment.
- b. Payment – In order to obtain reimbursement for services provided to you, I may provide your PHI to appropriate third party payers pursuant to their billing and payment requirements. For example, I may need to tell your insurance plan about treatment you are going to receive so that it can determine whether or not it will cover the treatment expense.
- c. Health Care Operations – In order for me to operate in accordance with applicable law and insurance requirements, and in order for me to provide efficient care, it may be necessary for me to compile or disclose your PHI. For example, I may use your PHI if your health plan

decides to audit my practice in order to review my performance.

2. I may also use or disclose your PHI without your written authorization in the following instances:

- a. De-identified Information – If the information does not identify you and, even without your name, cannot be used to identify you.
- b. Business Associate – To a business associate if I obtain satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI. A business associate is an entity that assists me in undertaking some essential function, such as a billing company that assists me in submitting claims for payment to insurance companies or other payers.
- c. Legal Representative – To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
- d. Child Abuse – To the appropriate government authority, as required by law, if I have reasonable cause to believe that a child has been abused.
- e. Health Oversight Activities – To a court or government agency, as authorized by law, if I am the subject of a criminal or civil investigation or disciplinary action arising from your treatment.
- f. Judicial and Administrative Proceeding – Your PHI is privileged under State law and, if requested or subpoenaed by a court or administrative agency, will be released only with your written authorization or pursuant to a court order.
- g. Avert a Threat to Health or Safety - If I believe that such disclosure is necessary to prevent a serious and imminent danger to you or another

person, and the disclosure is to an individual who is reasonably able to prevent or lessen the danger.

- h. Workers' Compensation - If you have submitted a Workers' Compensation claim, I may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.
- i. Required by Law - If the disclosure is otherwise specifically required by law.

3. Uses or disclosures of your PHI, other than those described above, will be made only with your written Authorization. When more than one person has participated in the treatment, I will only use or disclose the PHI of those individuals who have given me written Authorization.

Your Rights

1. You have the right to:
 - a. Revoke any Authorization, in writing, at any time.
 - b. Request restrictions on certain use or disclosure of your PHI as provided by law. However, I am not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request. In your written request, you must inform me of what information you want to limit, whether you want to limit my use or disclosure, or both, and to whom you want the limits to apply.
 - c. Receive confidential communications or PHI by alternative means or at alternative locations. For example, you may not want a family member to know that you are in treatment with me.
 - d. Inspect and copy your PHI as provided by law. To inspect and copy your PHI, you must submit a written request. I may charge you a fee for the cost of copying, mailing or other supplies associated with your

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request. In certain situations that are defined by law, I may deny your request, but you will have the right to have the denial reviewed as set forth more fully in the written denial notice. The right to inspect and copy your PHI does not include my psychotherapy notes, provided they are separated from the rest of your record. Psychotherapy notes include the contents of our discussions and my analysis, but do not include the dates and times of our meetings, the treatment plan, treatments provided, test results, or your diagnoses, symptoms, functional status, prognosis, and progress to date.

- e. Amend your PHI as provided by law. To request an amendment, you must submit a written request, which includes a reason that supports your request. I may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by me (unless the individual or entity that created the information is no longer available), if the information is not part of your record, if the information is not part of the information you would be permitted to inspect and copy, or if

the information is accurate and complete. If you disagree with my denial, you will have the right, within limits, to submit a written statement identifying what you believe to be incorrect or incomplete, and to have this statement included in your record.

- f. Receive an accounting of disclosures of your PHI as provided by law. To receive an accounting, you must submit a written request. The request must state a time period, which may not be longer than six years, and may not include dates before April 14, 2003. I am not required to provide an accounting of disclosures of your PHI made for the purposes of treatment, payment or health care operations, or for disclosures made with your written authorization.
- g. Receive a paper copy of this Privacy Notice from me upon request.
- h. Complain to me or to the Secretary of HHS if you believe your privacy rights have been violated. All complaints must be in writing.
- i. To obtain more information on – or have your questions answered about – your rights, please discuss your request with me and I will do my best to honor it.

My Requirements

- 1. I:
 - a. Am required by federal law to maintain the privacy of your PHI and to provide you with this Privacy Notice detailing my legal duties and privacy practices with respect to your PHI.
 - b. Am required by State law to maintain a higher level of confidentiality with respect to certain portions of your medical information than is provided for under federal law.
 - c. Am required to abide by the terms of this Privacy Notice.
 - d. Reserve the right to change the terms of this Privacy Notice, and to make the new Privacy Notice provisions effective for all of your PHI that I maintain.
 - e. Will provide any revised Privacy Notice to you upon request.
 - f. Will not retaliate against you for filing a complaint.

Effective Date

This Notice is in effect as of April 14, 2003.

Note: Last page of this document is the Privacy Notice Acknowledgement Form.

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HIPAA Privacy Notice Acknowledgement Form

By signing below, I acknowledge that I have received and reviewed the accompanying Privacy Notice and that my questions have been answered to my satisfaction.

Name of Client (Printed)

Signature of Client

Name of Legal Representative
(e.g., Attorney-In-Fact, Guardian,
Parent or Guardian if client is a minor):

Signature of Legal Representative

Relationship to Client

Date Signed ____/____/____

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Getting Started (for individual counseling)

Individual Brief Assessment & Goal Planning

My strengths as I see them are:

My growth areas as I see them are:

I would most like to accomplish, achieve, and/or get help, insight, guidance or direction on the following:

Regardless of how I feel, or what others are doing or not doing, I know I need to make sure I do the following in how I will and will not treat myself and/or others:

I will...

I will not...

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Getting Started (for couples counseling)

Pre-Session Couples Assessment Worksheet

I'm looking forward to working with you both. Here are some assignments for you both to work on prior to our first session.

ASSIGNMENT PART I (one for each partner):

Each of you are to respond to this worksheet on your own with your answers. You can share them with each other if you like or you can wait until our first session. Either way, finish and send it back to me within the next few days. You will note that I use the term "growth areas" instead of "weaknesses." This is not to mince words but to help keep us focused on our goal of finding solutions instead of focusing on problems. For each item, list as many things that come to your mind or that you can think of. There are no right answers, I just want to know what is important to you.

NAME: _____

1. MY STRENGTHS:

2. MY GROWTH AREAS:

3. MY PARTNER'S STRENGTHS AS I SEE THEM ARE:

4. MY PARTNER'S GROWTH AREAS AS I SEE THEM ARE:

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5. RELATIONSHIP STRENGTHS:

6. RELATIONSHIP CONCERNS:

7. INDIVIDUALLY, I WOULD LIKE TO IMPROVE...

8. IN OUR RELATIONSHIP I WOULD LIKE TO IMPROVE...

9. WHAT I WANT OUR MARRIAGE TO LOOK LIKE/BE LIKE WHEN WE ARE "OLD AND GRAY":

ASSIGNMENT PART II:

Between now and our first session, notice anything (and I mean ANYTHING) that is a little bit different and/or better. This could be anything different that you notice about yourself, your partner, your relationship, in how you think, feel, behave, interact, etc. Take note mentally or on paper and report what you noticed to me. I look forward to receiving and reviewing your assignments. Let me know if you have any questions at 801.787.8014 or Jonathan@MarriageEnvy.com

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Optional Forms & Instructions to use as needed:

Remote (Telephone & Video Conferencing) Therapy Informed Consent

Use this form if you are engaging in sessions via phone and/or video (e.g., Skype, Google Hangouts, etc).

Release of Information Form

Use this form if there is anyone in particular that you would like me to be able to contact regarding your situation, your goals, to get input from, etc. such as a doctor, family member, friend, teacher, or clergy person. Because of my ethical and legal commitment to protecting your confidential information I am only able to communicate with others about you with your express written consent through the use of this form. See the HIPAA Privacy Notice for more information about how your privacy is respected.

Authorization to Charge Debit/Credit Card for Services Rendered

Use this form if you would like to pay your session fees with your Visa, MasterCard, Discover or American Express card. Many find this to be the most convenient method to take care of payments.

Office Directions & Scheduling

American Fork Office
Skype or Phone Session
Online Scheduling Instructions

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Remote (Telephone & Video Conferencing) Therapy/Coaching Informed Consent

Jonathan D. Sherman is a licensed Marriage & Family Therapist in the State of Utah (License #363093-3902), USA, however, he is held to national standards of ethical and professional conduct. He is not licensed in any other state. In the State of Utah he is licensed to conduct therapy. For clients who live elsewhere it is understood that he can only act in the capacity of providing consultation and/or coaching, but does not act in the capacity of a therapist. Thus the terming "remote therapy/coaching" is to be understood that he able to conduct "remote therapy" in the State of Utah and that he is limited to only performing "remote coaching" outside of the state. Since this form is provided to both therapy and coaching clients the term "remote therapy/coaching" is used throughout with the distinction to be made based on the location of the client.

The following article: http://www.aamft.org/members/resources/lrmp/plan/legal/lgl_distliability.htm can serve as a resource for clients while engaged in remote therapy/coaching with Mr. Sherman. While this article specifically refers to telephone therapy the same principles can apply to video conferencing, both of which are being referred to here as "remote therapy/coaching". This article reviews the current professional understanding of the benefits and risks of telephone therapy as per the AAMFT (American Association for Marital & Family Therapy). An overview of the key points is as follows:

Benefits of Remote Therapy/Coaching:

1. Remote therapy/coaching can occur from any location that is quiet and private (i.e., a home, an office, a car).
2. Clients may connect with therapists outside of their local area who have specialties or expertise they are seeking.
3. Clients may commence therapy without traveling or waiting long periods of time before commencing treatment.

Risks of Remote Therapy/Coaching:

1. Remote therapy/coaching is a new area of mental health and it is not yet specifically regulated.
2. Body language and subtle nuances are not as easily picked up on during the course of therapeutic conversations. This will require additional questions and mindfulness on the part of both client and therapist.
3. Mr. Sherman is not equipped to deal adequately in your location with crises that require hospitalization, police involvement or in-person contact.

Therapist and Client Agree:

1. Standards of professional and ethical conduct that would apply to an in-person scenario will apply to remote therapy.
2. Client is not suicidal to any degree and understands that treatment may need to terminate and be transferred to a local therapist if suicidality should arise.
3. The treatment does not involve a minor.
4. Current child abuse issues are not the presenting problem, and therefore the possibility of reporting child abuse within a local jurisdiction is not a possibility.
5. Records and notes will be maintained in the same manner they would be for an in-person scenario.
6. Consent forms and intake forms will be emailed or faxed in to Mr. Sherman's office, but original documents will be kept by the client.
7. Client and therapist will strive to begin and end phone calls/video conferences on time and respect the time limits just as they would in an in-person situation.
8. Client agrees to maintain contact with a local therapeutic service (e.g., group therapy, couple therapist, psychiatrist, pastoral counselor, etc.) and Mr. Sherman will have a release of confidential information in order to communicate with this in-person contact.

Client Signature

Date

Spouse/Parent/Guardian

Date

Jonathan D. Sherman, LMFT #363093-3902 (UT)

Date

jonathan sherman

RELATIONSHIP STRATEGIST (licensed marriage and family therapist) & SPEAKER

MARRIAGE TRANSFORMATION | PARENT TRAINING | SELF-MASTERY

801.787.8014 | jonathan@MarriageEnvy.com



Release of Confidential Information

I hereby authorize:

 (Name of Organization/Therapist)

to release to:

 (Name of Organization/Therapist/Person)

information concerning:

 (Name of Client)

regarding (Choose one):

1. The following specific matters:

Psychological, Medical, Social, Educational

Other: _____

2. Anything that the consultant/therapist's discretion deems relevant and/or important.

Signed: _____ Date: _____
 (Signature of Client or Client's Representative)

Witness: _____ Date: _____
 (Signature of Witness)

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Authorization to Charge Debit/Credit Card for Services Rendered

Billing Information

First Name: _____

Last Name: _____

Card Type: Visa, MasterCard, Discover, American Express

Card Number: _____

Expiration Date: _____ / _____
month year

Card Security Code (CVN): _____

(On the back of your card, locate the 3 digit number after the signature line.
If you are using AmEx, locate the smaller 4 digit number on the front of the card.)

Billing Address for this Card

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Authorization

I authorize payments for services to Jonathan D. Sherman, LMFT from the above card for:

Ongoing services as rendered until I request payment be made in another form.

A one-time payment for services rendered on this date only: _____

Other: _____

Signature: _____ Date: _____

Verbal authorization given over the phone. Signature not required. Date: _____

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Office Directions & Scheduling

American Fork Office

632 East 230 North Circle
American Fork, UT

- **General Info:** I work from my home office in a green and white cottage to the side of the house in the back. The house itself is a two-story tan with white trim at the end of small cul-de-sac. This should help you identify it when you arrive.
- **Parking:** When you arrive, please pull in and park to the right of the garage and in front of the double gates that lead to the office. You will see the office cottage from there down a few steps. You do not need to worry about blocking anyone's way as I stagger my appointments with time in between to avoid congestion as well as to respect your privacy.
- **Special Needs:** If you need other accommodations due to temporary or permanent physical disability that preclude you from using the steps just let me know prior to our session and we can make arrangements to meet in an alternate location that works better for your needs).
- **Other:** PLEASE NOTE that the bathroom in my office is under construction and is not currently in order, so please adjust accordingly.... You are certainly welcome to use the house bathroom, of course. Thanks.

Skype, Google Hangouts or Phone Session

Skype sessions:

- My Skype name is BardosBoy
- If you don't currently have or use Skype for video calls you can easily download it at skype.com

Google Hangouts:

- My Gmail is bardos.net@gmail.com

Phone sessions:

- My phone number is 801.787.8014.
- I will call you at the appointed time, unless we have arranged otherwise

Schedule Your Appointment Online

I'm now doing my scheduling online so you won't have to worry about playing phone, text or email tag with me (although you are still welcome to use those methods to schedule as well if you like). Just follow the simple instructions and pick the day and time best for you here: <http://marriageenvy.com/schedule>. You can even get email or text reminders of your appointment. Make sure you see the "Your appointment is now confirmed" page, otherwise your time won't be scheduled. Let me know if you have any questions.

If you have any questions, I'm just a call away at: 801.787.8014

See you soon

jonathan sherman

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http://www.drkathleenyoung.com/images/Informed_Consent_for_Participation_in_Online_T.pdf

<http://www.renocounseling.net/wp-content/uploads/2012/04/Informed-Consent-Online-Therapy.pdf>

<http://vsee.com/hipaa>

http://www.counselingwest.com/uploads/Telemedicine_Informed_Consent_Form.pdf

Telemedicine Informed Consent Form

I [name of patient] hereby consent to engaging in telemedicine with [name of psychotherapist] as part of my psychotherapy. I understand that "telemedicine" includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. I understand that telemedicine also involves the communication of my medical/mental information, both orally and visually, to health care practitioners located in California or outside of California.

I understand that I have the following rights with respect to telemedicine:

(1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.

(2) The laws that protect the confidentiality of my medical information also apply to telemedicine. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.

I also understand that the dissemination of any personally identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without my written consent.

(3) I understand that there are risks and consequences from telemedicine, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

In addition, I understand that telemedicine based services and care may not be as complete as face-to-face services. I also understand that if my psychotherapist believes I would be better served by another form of psychotherapeutic services (e.g. face-to-face services) I will be referred to a psychotherapist who can provide such services in my area. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my psychotherapist, my condition may not be improve, and in some cases may even get worse.

(4) I understand that I may benefit from telemedicine, but that results cannot be guaranteed or assured.

(5) I understand that I have a right to access my medical information and copies of medical records in accordance with California law.

I have read and understand the information provided above. I have discussed it with my psychotherapist, and all of my questions have been answered to my satisfaction.

Signature of patient/parent/guardian/conservator If signed by other than patient indicate relationship

Date Signature of psychotherapist

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