



Susie Loomis, M.A.
Family Life Educator/ Mentor

Moving Toward Healthy Relationships

Name _____ Today's Date _____
Address _____ City _____ Zip _____
Phone: _____ E-mail address: _____
Age _____ Birth Date _____ Place of Birth _____
Church/Religion _____ Race/Ethnicity _____
Employer _____ Occupation _____
Marital Status: Single _____ Married _____ Divorced _____
How did you hear about us? _____ May we thank that person? _____
Emergency Contact _____
Name Relationship Phone Number

What are your current concerns? What are you hoping to get out of your sessions?

Mandated Reporter

Susie Loomis, M.A., is a mandated reporter under California law. This means that in certain legally defined situations she is required to reveal information you tell her during the course of the education/mentoring relationship, even without your consent.

Confidentiality of client information will not be maintained under the following conditions:

1. The educator/ mentor has a reasonable suspicion of child abuse. Child abuse is defined as:
 - Physical Abuse
 - Sexual Abuse
 - Neglect
 - Endangerment - In California, child endangerment includes any incidents of Domestic Violence (DV) occurring when children are anywhere in the home or within the vicinity of the DV. The law considers exposing a child to DV “endangers the person or health of a child” and produces “mental suffering” for the child.

All suspected abuse will be reported to the appropriate authorities.

2. The educator/ mentor has knowledge of elder abuse or dependent adult abuse. All knowledge of abuse will be reported to the appropriate authorities.
3. The client threatens suicide, physical harm to self, or appears to be gravely disabled. The educator/ mentor will inform client’s support system or report to appropriate authorities to provide safety for the client.
4. The educator/ mentor has information that her client has threatened homicide or other physical harm to another person. The educator/ mentor is required to warn the intended victim and notify the appropriate law enforcement agencies.

Office Policies

Sessions: The standard session time is 90 minutes, unless other arrangements are made with Susie.

Contact Information: Susie is available between sessions at her confidential phone/voice mail. She will return your call when able; however she is not an emergency contact (see “Emergency Procedure” below).

Cancellation: Since an appointment reserves time specifically for you, a minimum of 24 hours notice is required for rescheduling or cancellation of a scheduled appointment. A \$25 fee will be charged for missed sessions without such notification or for late cancellations.

Texts and Emails: Susie is available to be reached by text message and by email. However, she does not address issues between sessions by text or by email. Texts and emails are used only for scheduling or conveying other basic information, not for education or mentoring.

Emergency Procedure: In the event of a mental health emergency, please call 911 or go to your nearest emergency room for care. Please also call Susie’s confidential phone/voice mail when possible in order to keep her informed.

Financial Agreement

You are expected to pay for services at the time they are rendered unless other arrangements have been made. Please notify Susie if any problem arises regarding your ability to make timely payment.

I agree to enter a relationship with Susie Loomis, M.A., for the purpose of family life education sessions. I have read the sliding scale form and agreed on a fee per session.

I understand that I will make payment at the time of the session, unless other arrangements have been made with Susan. I understand that I can discontinue these sessions at any time. I agree to pay for completed sessions, and for sessions I miss without providing 24-hour notice, as outlined in the above “Office Policies.”

I understand that my financial information will become privy to the accountant for Restore & Rebuild Counseling. All financial information will be held in strictest confidence by the accountant. This may include my credit card information and/or information on my personal checks such as name, address, phone number, fee/payment amount, and financial institution.

I have read, understand, and agree to the above.

_____ Name of Client (Print)	_____ Signature of Client	_____ Date
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