

Kara Sanft

MS, LMFT

KAYENTA WELLNESS 9414 W LAKE MEAD BLVD. LAS VEGAS, NEVADA 89134

karasanft@gmail.com

(702) 343-3135

Client Information Consent and Contract Form

1. I understand that my **participation in therapy is voluntary** and therefore can be terminated without penalty at any time by the client or therapist.
2. There is no guarantee that therapy will be successful. However, current research suggests that increasing the amount of education regarding the functioning of the individual as well as the family can be very effective for some types of problems. **My experience is that those clients who follow through with the recommendations, do the homework assignments and have some degree of motivation often reach the goals they have set.**
3. **The fee of \$100 every 50 minute session is due at the time of service.** I do not bill insurance companies or third parties.
4. **Cancellations require at least 24 hours notice. All other cancellations will be subject to the full session fee of \$100.**
5. Each case will be kept in the strictest of confidence and will be discussed with others only upon the client's signed release of information. **The only exceptions to this will be when the client reports intent to commit a crime, harm self or other, and if the therapist suspects child or elder abuse.**

Having read and understood the above points, I agree to contract with Kara Sanft MS, LMFT for therapy under the structure outlined above.

Name: _____ Date: _____

Date of Birth _____ Age _____

Address _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Current Employer: _____

Referred by: _____

Email: _____

Therapy Goals _____

Signature _____ Date: _____

Current Family Members (parents, siblings, grandparents, etc)

Home Living in

Name	Age	Relationship	Grade/Occupation	Yes	No

