



*Welcome!*

I am honored to have the opportunity to work with you. This packet contains information and forms to be completed prior to our first meeting. For couples and families each individual completes the Intake and Informed Consent.

- Please complete the Client Intake Form (pages 2-3)
- Please review and sign the Informed Consent (pages 4-5)
- Please read the Office Policies (page 6)

Additionally if you are interested in doing EMDR/trauma healing work:

- Please review and sign the EMDR Informed Consent (page 7-8)

Thank you for choosing me as your therapist. I'm looking forward to working with you.

Sincerely,

*Rebecca Koski*

Rebecca Koski M.A., LMFT #88826



*Compassionate psychotherapy for Individuals, Couples & Families*

**Personal Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Ages of Children: \_\_\_\_\_ Emergency contact: \_\_\_\_\_

Phone number preference should I need to contact you: \_\_\_\_\_

**Areas of Concern:**

What issues/concerns cause you to seek treatment? \_\_\_\_\_

\_\_\_\_\_

What is your goal for treatment: \_\_\_\_\_

\_\_\_\_\_

Any fears or concerns about therapy: \_\_\_\_\_

\_\_\_\_\_

**Psychological History:**

Have you ever received mental health treatment before? \_\_\_\_\_

Approximate year and length of treatment? \_\_\_\_\_

What was the focus of treatment? \_\_\_\_\_

Have you ever been hospitalized for mental or emotional problems? \_\_\_\_\_

Have you ever taken medications for mental or emotional condition? \_\_\_\_\_

Please list medication and length of use: \_\_\_\_\_

Have you ever felt suicidal or attempted suicide? \_\_\_\_\_

Are you currently having any suicidal thoughts? Please describe: \_\_\_\_\_

\_\_\_\_\_

Have you ever been diagnosed with a serious illness? Please describe: \_\_\_\_\_

Please give three words that describe your childhood? \_\_\_\_\_

\_\_\_\_\_

Please give three words that describe your mom/caregiver? \_\_\_\_\_

\_\_\_\_\_

Please give three words that describe your dad/caregiver? \_\_\_\_\_

\_\_\_\_\_

Have you ever experienced verbal, emotional, sexual or physical abuse? \_\_\_\_\_

\_\_\_\_\_

Have you ever been the victim of a violent crime? \_\_\_\_\_

Please describe your overall health today? \_\_\_\_\_

On average how much alcohol do you consume in a week? \_\_\_\_\_

Have you ever been in a 12-Step program? \_\_\_\_\_

Are you or have you been involved in a lawsuit? \_\_\_\_\_

Please feel free to include any other information that you believe will be relevant to your therapy with me

\_\_\_\_\_

\_\_\_\_\_



## Informed Consent/Agreement for Services

Welcome!

This agreement is intended to provide you with important information regarding the practices, policies, and procedures of my office and to clarify the terms of our professional relationship. If you have any questions or concerns regarding the contents of this agreement please discuss them with me prior to signing.

Psychotherapy is a safe place where you can discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so you can experience life more fully. It provides an opportunity to more deeply understand oneself, as well as, any problems or difficulties you may be experiencing. Psychotherapy is a joint effort between the patient and therapist. Progress and success may vary depending upon the particular problems or issues addressed, as well as many other factors.

Participating in therapy may result in a number of benefits to the patient, including but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on the part of the patient including active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts, and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, fear, and anger. There may be times in which the therapist will challenge the patient's perceptions and assumptions and offer different perspectives. The issues presented by the patient may result in unintended outcomes, including changes in personal relationships. The patient should be aware that any decision on the status of his or her personal relationships is the responsibility of the patient and the patient only.

During the therapeutic process, many patients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times but may also be slow and frustrating. The patient should address any concerns she or he has regarding their process in therapy with the therapist.

**To Protect Confidentiality:** The information disclosed by the patient is generally confidential and will not be released to any third party without written authorization from the patient except where required by law. Therapist is required by law to report child, elder, and dependent adult abuse, to prevent or lessen a serious and imminent threat to the health and safety of an individual or the public.

If we happen to see each other outside of session due to confidentiality I can't say hello to you but you are always welcome to say hello to me. Just be mindful if you are with others because they may ask you how you

know me. I do not accept friend requests from current or former clients on any social media platforms. This is because doing so could blur boundaries and preserving the patients' confidentiality and the professional relationship is of the utmost importance for patient and therapist.

Workers Compensation Only: Patient's fee is covered by worker's compensation. Therapist is required by law to submit a status report on the patient's condition and progress every month. Subsequently, because there is a workers' compensation claim, information disclosed in a session is not entirely confidential. The patient will sign a Release to Exchange Information consent form to consult with other providers, adjuster, nurse, or case manager as needed. Additionally, other exceptions apply as mentioned above.

**Fee and Fee Arrangements:** My fee for service is \$160 per 50-minute session. Sessions longer than 50 minutes are charged for the additional time pro rata. Therapist reserves the right to periodically adjust the fee. The patient will be notified of any fee adjustment in advance. Patients are expected to pay for services at the time services are rendered. Cash and checks are accepted.

**Cancellation Policy:** The patient is responsible for the agreed upon fee for any missed session(s) for which the patient did not give at least 48 hour notice of cancellation. Cancellation notice should be left on Therapist's number 310-728-9955 via text or voicemail.

**Therapist Availability:** My office has a confidential voicemail system that allows patients to leave a message at any time. There is no 24-hour crisis service offered. In the event that a patient may be feeling unsafe or requires immediate medical or psychiatric assistance, he or she should call 911 or go to the nearest emergency room.

**Termination of Therapy:** The patient reserves the right to terminate therapy at his or her discretion. Reasons for termination include but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, patient's needs are outside the therapist's scope of competence or practice, or the patient is not making adequate progress in therapy. Upon either party's decision to terminate therapy, the therapist will generally recommend one or more termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. The therapist will also attempt to ensure a smooth transition to another therapist by offering referrals.

*I have read this information fully and completely, I have discussed any questions I had about the information, and understand the information. I acknowledge that it is my choice to participate in psychotherapy. I realize that the outcome of therapy depends upon my personal investment in the therapy process. I have familiarized myself with the cancellation policy, fees, and charges for services provided by Rebecca Koski L.M.F.T.*

By signing below the patient acknowledged that he or she reviewed and fully understands the conditions of this agreement.

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Date



## Office Policies

### Contact:

The best way to contact me is to call or text me on my business line 310-728-9955. Please save this business number in your phone and going forward use it to contact me.

Note: My business line is checked for messages Monday thru Thursday, so messages left after Thursday will be returned the following week.

### Cancellation Policy

Please provide as much notice as possible when cancelling a session. Patients that cancel in less than 48 hours will be charged the full fee for the missed session.

### Co-Payments:

Are due the same day as your session. Cash is my preference. If you do not have cash you can pay with check or Venmo me at Rebecca Koski@rebecca-koski.

### Sessions:

Sessions are 50 minutes and I usually have a timer set to go off at 48 minutes. This gives us 2 minutes to wrap up. Let's work together as a team to stop on time.

### Treatment:

For ethical reasons I do not see members in the same family separately.

My office is not available for Crisis/Emergency Service so here are some resources:

National Suicide Hotline: 1-800-273-8255

24 Mental Health Hotline in Los Angeles: 1-800-854-7771

Please note that my office is closed in observance of the following holidays:

Martin Luther King Day

Presidents Day

Memorial Day

Fourth of July

Labor Day

Thanksgiving

The last week of December till Jan 2.

\*For vacations I will provide the dates I will be out of the office and when I am returning.

12381 Wilshire Blvd. #205 | Los Angeles CA 90025 | 310-728-9955 | LMFT# 88826  
rebecca@rebeccakoskicounseling.com | rebeccakoskicounseling.com



## Eye Movement Desensitization and Reprocessing (EMDR)

### Information and Consent To Treatment

EMDR is an abbreviation for Eye Movement Desensitization and Reprocessing. It is an innovative form of counseling that links many successful elements from a variety of therapeutic approaches in combination with eye movements or other forms of bi-lateral stimulations. The eye movements help to effectively stimulate the brain's Adaptive Information Processing (AIP) system which may generate significant improvements in a short period of time.

This therapy can help with both the healing of psychological pain and physical discomfort related to trauma, depression, anxiety, self esteem issues and other life events. It is used to effectively treat both upsetting past events and present life conditions.

Francine Shapiro, Ph.D., developed EMDR in 1987 and to date over 200,000 mental health therapists in 52 countries have been trained.

Your therapist has been trained by the Trauma Recovery EMDR Humanitarian Assistance Program or the EMDR Institute and has completed Part I, Part II, and Part III intensive training, practicum and consultation.

The following has been discussed with me concerning the use of EMDR:

- As a part of preparation for this therapy you will work closely with your therapist to learn and practice specific relaxation techniques.
- Some individuals may experience a high level of emotion or physical sensation.
- Distressing or unresolved memories may surface though the use of EMDR therapy.
- Following the counseling session, the processing of additional incidents/material may continue, or other dreams, flashbacks, memories, feelings etc. may surface.
- EMDR therapy will help you to desensitize one or more of the following: the image of the event, the negative cognition (belief) about self, your distressing emotions and where in your body you experience physical discomfort related to the memory.

- Your therapist will establish two clear treatment numerical baselines with you, so that you can actively measure your progress.
- You may elect to suspend or discontinue the use of EMDR procedures at any time.
- Homework such as journaling, use of progressive relaxation, Safe Place, Tapping and other specific relaxation tools are an important part of the treatment process.
- A typical EMDR therapy appointment lasts about 45-60 minutes.
- I understand that EMDR is recommended by: the American Psychiatric Association, the Israeli National Council for Mental Health, the US Dept. of Veterans Affairs, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Department of Defense and other professional organizations.

Before beginning EMDR therapy I have considered all of the above and have discussed this with my therapist. I have had any questions about EMDR answered to my satisfaction. I understand that EMDR is part of my recommended treatment services and that I can choose not to use this therapy and will still receive services from Rebecca Koski, LMFT.

By signing below, I acknowledge that I have received information about EMDR therapy and consent to using it as part of my treatment.

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Client Signature

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Date