

Narrative Initiatives San Diego (NISD)
Counseling, Training and Research Center

Dear Client,

Thank you for inquiring about our services. Our goal at Narrative Initiatives San Diego (NISD) is to offer customized counseling care from an integrated perspective and we work in collaboration with the Center for Health and Wellbeing to holistically support your health. We believe that your physical health, mental well-being, and relationships are interrelated through Narratives and we want to assist you in being in balance with these different aspects of your life. We hope you will experience your care as comprehensive, supportive, and empowering.

As someone who is trained in psychology, social relationships, and cultural belief systems, I am aware of how all these factors impact our health and I look forward to being a part of your integrative health team. I hold a Doctoral degree in Marriage Family and Child Therapy and have been the Director of two University Therapy clinics connected to Medical Research Centers. I have been practicing integrative therapy for over two decades, working with patient's stories and how they impact our health. I am presently a professor in a local university and I train interns and trainees to practice from this integrative model and generate research in cooperation with Dr. Gray and her team at The Center for Health and Wellbeing.

The MFT Intern/Trainee that you will consult with is directly under my licensed supervision or the supervision of another licensed MFT on our team and we will discuss your case as a collaborative team. An intern has graduated with a master's degree or doctoral degree from an accredited university. They are registered with the CA Board of Behavioral Sciences, and are collecting 3000 hours of patient contact towards licensing. A trainee is in the process of completing a master's or doctoral degree from an accredited university and is working to complete their programs required 500 hours of clinical experience. Your therapy consult may involve discussions about life stressors, life transitions, spirituality, relationship difficulties, adjustments to your physical health, and the changes you desire to make. You may also be offered the opportunity to utilize Biofeedback, Neurofeedback, and Reflecting Team services.

Best wishes on your journey to optimal wellness. Please feel free to contact me to give me feedback regarding your therapeutic consultation.

Sincerely,

Dr. Jan Ewing, Ph.D., LMFT
Director of Clinical Supervision

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Consent Form for Marriage and Family Therapy

Client(s) Name(s): _____

Address: _____

Street Number

City

Zip Code

Phone(s): _____

Explanation of Services:

Narrative Initiatives San Diego (NISD) offers a wide range of counseling services to the community at a low cost. Services are provided by pre-licensed Marriage & Family Therapy Trainees and Interns, who are working towards state licensure. All Trainees and Interns are supervised by a licensed MFT, AAMFT Approved Supervisor, or Supervisor Candidate.

Client Initials:

Confidentiality and Limitations:

All information disclosed within the sessions is confidential and will be discussed within the supervisory relationship. All services are provided in accordance with the AAMFT Code of Ethics and CAMFT Code of Ethics for MFTs and California law for psychotherapists. No information will be revealed outside of this training activity without written consent for release of information except where disclosure is required by law.

Client Initials:

Requirements for disclosure include any of these reportable situations:

- 1) Where there is reasonable suspicion of physical abuse, sexual abuse, or neglect of children under the age of 18; or destruction of property
- 2) Where there is reasonable suspicion of physical abuse or neglect of the elderly or dependent adults
- 3) Where the client presents a serious danger of violence to another
- 4) Where the client is likely to harm herself/himself seriously

Limitations of the Clinic:

We are unable to provide progress reports or recommendations for any Mental Health or court purposes. We can however provide a letter of attendance. If the MFT Trainee / Intern is not the appropriate person to meet your counseling / therapy needs, you will be provided with referrals to resources that are more appropriate to your needs and goals.

Client Initials:

Counseling Fees:

Therapy services will be rendered for \$_____ per session, payable in advance or at the time of service. Sessions are 50 minutes in length unless an extended session is requested for a higher fee.

Client Initials:

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Videotape/Audiotape:

Given that NISD is a training center, you may be asked for permission to audiotape or video-tape sessions for the purpose of supervision of the MFT Trainee / Intern. Supervisors may also participate in sessions from time to time to support the clinical work. All of the above stated protections of confidentiality apply to the use and/or reuse of recording.

Client Initials:

Communications Policy:

NISD uses email and text messages to communicate with clients only about scheduling. Clinical information will not be shared electronically to safeguard client confidentiality. Do you agree to have appointment reminder emails sent to you?

Client Initials:

Cancellation Policy:

If you need to reschedule or cancel your appointment, please contact us at least 1 day before your session. A \$25 fee will be charged for sessions missed without advance cancellation. Please provide your charge authorization below:

Client Initials:

Name on Card: _____

Card Number: _____

Expiration: ____/____ Billing Zip Code: _____

Consent to Treat a Minor(s):

As the parent or legal guardian of the minor(s) below,
I give consent for this child to engage in therapeutic practices.

Client Initials:

Minor's Name: _____

Birth date: ____/____/____

Minor Signature: _____

Agreed By:

Signature of Client Date

Signature of Client Date

Signature of MFT Trainee/Intern Date

Signature of Supervisor Date