

Mediation & Therapy Associates
104-110 Maple Ave. Red Bank, NJ 07701
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(732)-530-2951

Welcome to my practice and to the beginning of a new journey toward creating the relationships and life that you want. I look forward to working with you so you feel inspired to live to your fullest potential.

Appointments

When we schedule an appointment, that time is reserved specifically for you. If you need to cancel an appointment, please provide 24 hour notice to avoid being billed for that time. You can email, call or text if you need to cancel or change the time of your appointment. When you get a time slot, that time is not available for anyone else, so I am counting on you to arrive at that time. If an emergency should occur, please call as soon as possible. All sessions are completely confidential as per Ethical Guidelines and HIPAA Laws for Privacy Protection. The only times confidentiality would ever be broken is if suicidal or homicidal plans or intentions are in place.

All payments are due at the time of the service. If you choose to keep your credit card on file, I will charge your card for each session without taking time away from the session to process payment.

Mediation & Therapy Associates is an “Out of Network Provider” and it is your responsibility to submit claims (if you choose) to your insurance company. A receipt will be provided at your request at the time of each session with the necessary codes.

Social Media and Communication Policy

*Texting and emails are used for scheduling appointments only. They are not guaranteed to be private or secure; therefore, they are not acceptable means to share your personal information.

*Friending on facebook may expose the client/therapist relationship so as a result, I will not be able to accept friend requests.

Thank you for taking the time to read my policies. Please sign below to acknowledge receipt of the policies and your agreement to such.

X

Confidential Client Information Sheet

Patient Information

Name: _____ Prefer to be called: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Person to contact in case of emergency _____ Phone _____

Email Address _____ Would you like to receive our e-newsletter? ____ Y ____ N

Would you like to be contacted by Mediation & Therapy Associates to be informed about upcoming events and/or relationship tips? ____ Y ____ N

Who referred you to this office? _____ May I send a thank you note? _____

Personal Information

Are you Single ____ Married ____ Divorced ____ Separated ____ Engaged ____ Widowed ____

If you answered yes to married, divorced, separated or engaged, for how long? _____

Do you have children? _____ If yes, how many and what ages? _____

Are you employed? _____ What is your occupation? _____

Do you enjoy your work? ____ If not, please explain _____

Are your parents living or deceased? _____ If deceased, when and cause of death

Do you have siblings? _____ If so, how many? _____ Name and ages of siblings

Do you have a relationship with siblings? _____ If not, why?

Is there any addiction in your background? ____ If so, please specify what drug, including alcohol, and who had or has the addiction

Do you drink or use drugs? ____ If so, which ones and how often? _____

Do you gamble? ____ If so, how so and how often? _____

Have you ever been hospitalized for psychiatric reasons or ever in a rehab facility? _____

If so, when and where? _____

For what reason?

Have you ever been in therapy before? ____ If so, when and with whom? _____

Was it helpful? ____ Why or why not?

Why are you here today?

What do you hope to get out of this therapy experience?

I agree to pay Madeline Muise, LMFT, LCSW of the Mediation & Therapy Associates the fee of \$_____ for the initial appointment and \$_____ for appointments following unless other arrangements have been made. I am aware that if I need to cancel an appointment, 24 hours' notice is required, or I will be charged for the time that I reserved with Madeline Muise.

I agree with the above and have read the welcome letter and agree to all policies stated within it

X _____ Date _____

I look forward to working with you and helping you get more of what you want from your relationships and your life.