

Confidential Client Information, Consent and Agreement

James J. Sanders, LMFT, LPC, CCMHC, NCC

www.SandersTherapy.com

LMFT License # 40061

James@SandersTherapy.com

Mobile ph. # 949-636-7529

Name Last: _____ First: _____ Date: _____

Date of Birth: _____ Age: _____ Address _____ City _____ Zip _____

Gender identity: _____ Cell ph: (_____) _____

Email: _____

If emergency: Contact information and name: _____

Do I have permission to leave a message to you? _____

Single, Married, Separated, Divorced, Other: _____ How long? _____

Others living in home:

Name	Age	Relationship	Other information?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who referred you to me? _____ May I thank them? _____

Place of employment and/or school? _____

Your reason for our visit? _____

What strengths do you have to overcome this issue? _____

Would you like me to coordinate care with another medical professional? If yes, whom?

Prescribed (or not) drugs and dosage you are taking? _____

Circle concerning issues here that you may have...

Relationships	Sleep	Family
Alcohol/drugs	Headaches	Food
Anger	Sexual problems	Exercise
Anxiety	Low self esteem	Pain. Where/how? _____
Loneliness	Stomach problems	
Nightmares	Depression	Anything else? _____
Fears/phobia	Trauma history	

What are your goals here today and beyond?

Please tell me anything at this time that may help me help you? _____

Do you have particular fears or concerns regarding therapy? _____

I will keep your communication with me confidential except where specified by law. As a licensed therapist, I am required to report abuse of a minor, dependent adult or imminent danger to self or others. If you use insurance, a diagnosis will be made and they will have access to your records. I am only in network with Aetna and will do that separate billing for you. I do all of my record keeping and billing by myself unless you use insurance.

I accept cash, check, and credit card. My 50 minute session fee is \$175.- Reasonable contact outside of session is free of charge. Payment is made at the beginning of each session. The full fee will be charged to your credit card on file if your session is not cancelled within 24 hours. I can facilitate sessions by phone if you like. Your credit card information will be securely filed and charged as agreed.

Please sign here if you understand and agree to the above. Thank you.

Client Signature _____ Date: _____

James J. Sanders, LMFT _____ Date: _____

James J. Sanders, LMFT Lic.# 40061. LPC, NCC, CCMHC
Licensed Marriage and Family Therapist
www.SandersTherapy.com
Cell (949) 636-7529 E-mail: James@SandersTherapy.com

Credit Card Authorization Agreement

Please complete the following information. This form will be securely locked in your clinical file and may be updated upon request at any time.

I _____, authorize James Sanders, LMFT, to use my credit card information to charge my credit card in the event that I do not notify James of my inability to attend scheduled therapy appointments and/or do not cancel my appointment at least 24 hours in advance, or if a check is returned, or for any unpaid balances. The fee for a missed appointment without 24 hour notice is \$175.-
I authorize James Sanders, LMFT, to use my credit card information to charge my credit card to pay off my account balance. My fee is \$175.- per 50 minutes.

Card Type (circle one): VISA MasterCard Discover American Express

Card #: _____ Expiration Date: _____

Name as Printed on Card: _____

Verification/Security Code (3 or 4 digit code on card) : _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

By signing below I am authorizing James Sanders, LMFT to charge for missed scheduled appointments or to settle balances that are overdue.

Signature: _____ Date: _____

Background information and therapy approach of James J. Sanders.

www.SandersTherapy.com

Licensure and Certification

California State Board Licensed Marriage and Family Therapist. Lic. # 40061

National Board Certified Counselor. # 33693

National Board Specialist Certification in Clinical Mental Health Counseling. # 33693

Colorado State Board of Health Licensed Professional Counselor. Lic. # 2187

Nebraska State Board Licensed Mental Health Practitioner and L.P.C. Lic. # 352/121

Education

Masters Degree in Agency Counseling Psychology

University of Nebraska at Omaha

1985

Bachelors Degree in Psychology. Double Minor in Sociology and Philosophy

University of Nebraska at Lincoln

1982

Professional Experience

Sanders and Associates Counseling Center. L.L.C.

1984-Present

My sole proprietorship offices are now located in Corona Del Mar and Ladera Ranch, CA. The Ladera Ranch office is located within South Orange County Pediatric Associates. (SOCPA).

Book Author: I ALREADY AM WHAT I WANT. 1989 Lumpkin and Bunkers Publishing Co.

President of the State of California Association of Marriage and Family Therapists. (CAMFT)

2011-2012

Psychotherapist on Television shows on Bravo and The Learning Channel.

Expert Witness for Orange County, CA Judicial System.

2012-

Speaker, Adjunct Professor and Consultant:

Provided to profit and non-profit hospitals, universities, and businesses including Creighton University Cardiac Center, Pepperdine University, California Southern University, Metropolitan Community College.

TV/Radio Appearances as Guest Expert:

1985-2018

Columnist: Omaha Magazine. Wrote "Dear Therapist" Column.

1985-88

Instructor: Safety and Health Council of the Midlands.

1987-91

Psychiatric Assistant: U.N. Medical Center Psychiatric Institute.

1983-84

Community Service Volunteer

Board of Directors, Mary's Shelter. Group home for pregnant teens.	2012-2015
Knights of Columbus Member. Third degree.	2009-
Toby's House for Homeless Pregnant Woman, S.J. Capistrano, CA.	2006-2009
Marriage Preparation Counselor for the Archdiocese of Omaha	1992-95
President: Omaha Businessmen's Association	1991
Nebraska State Soccer Team Coach of players under 23 years	1987
Douglas County Dept. of Health Task Force on Stress Member	1985-90
Hospice Counseling: Lincoln Nebraska	1981-82
Big Brother: Omaha Home for Boys	1977-78
Suicide Hotline Operator for Douglas County, Omaha, NE.	1977-78

Professional Organization Member

Member, CFO and Past President on Board of Directors of (C.A.M.F.T.)	2004-
California Association of Marriage and Family Therapists	Lifetime member
American Counseling Association (A.C.A.)	Lifetime member
International Association of Marriage and Family Counselors	2002-2003
Assoc. of Spiritual Ethical and Religious Values in Counseling	1999-2001
American Association of Specialists in Group Work	1988-2000
American Mental Health Counseling Association	1986-1990

My approach to therapy, counseling or coaching varies depending upon your wants, pace and path. In collaboration with you we will establish attainable goals. At the end of therapy it is great to look back and realize what you have achieved. I utilize a variety of different approaches and models partly depending upon what may have worked for you in the past and your preference. I keep what you say confidential except where specified by law. The risk of therapy is reflection upon painful issues of the past. The benefits of growth can be exponential to you, your children and/or your legacy. I want to make our relationship a completely emotionally safe place for you to discover the goodness that is already within you.

Ask me anything anytime. I really appreciate your honest feedback.

Thank you, James Sanders, LMFT