



Making Life Work...

EVOLIBRI

4655 Old Ironsides Dr, Ste 170
Santa Clara, CA 95054
p 408 735-7990
f 888 735-7991
info@evolibri.com
www.evolibri.com

assessment ≈ counseling ≈ coaching ≈ classes ≈ communities

State of California Non-Public Agency & Department of Rehabilitation Vendor

New Client Intake Form

Please bring this completed form to your first appointment. You may also fax or mail it.

Personal Information (Part A – all Clients)

Name:

Street Address:

City/Zip:

Home Phone:

Cell Phone:

Email:

Financially responsible party's email (if different):

Birthdate:

Current Age:

Who you live with (Names, Ages):

- 1.
- 2.
- 3.
- 4.

Where you grew up:

Emergency Contact Name/Phone:

Personal, Continued (Part A)

Note: if answering for another, please answer questions from their perspective.

Do you have a diagnosis (AD/HD, HFA, LD, Mood Disorder, etc.), and how long ago was it made?

How long have you been aware of this diagnosis?

How comfortable are you with sharing and talking about your diagnosis with others (close friends, family members)?

How much do you know about your diagnosis (how it is caused, how it affects people, how it can be treated)?

Are you currently taking prescription medication, and if so, what types?

- 1.
- 2.
- 3.
- 4.
- 5.

Do you drink alcohol, and if so, how frequently?

Do you use recreational drugs, and if so what type and how frequently?

Have you ever been screened or under observation for suicide ideation, and if so, how long ago?

Have you had any suicidal thoughts in the last 30 days?

Have you ever become violent to the point where others were scared, or you were scared?

Are there firearms or weapons in the family home, and if so, how are they stored?

For Coaching/Career/Job Clients (Part B)

Social

Do you have enough social contact...

With family?

With friends?

What do you enjoy doing for fun?

Do you have any hobbies or special interests, and if so, what are they?

Education

Current Grade if in School/Highest Degree Achieved:

Educational Background (schools and dates attended):

1.

2.

3.

4.

Do/did you receive any special services while in school, and if so, what were they?

Do/did you generally like school?

What classes do/did you like the most?

What classes do/did you like the least?

*Work History
(if applicable)*

Have you ever held a volunteer position, and if so, what?

Have you been/are you employed?

Do you have any special skills, talents, or training?

List the types of jobs and approximate dates you held each job, going back 10 years at most:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

What would your 'dream' job be?

How far will you travel for work?

What are or have been your biggest obstacles to employment?

Have you received special accommodations in previous jobs, and if so what were they?

What days/times are you available to work?

Part time/ Full time?

For Therapy Clients (Part C)

1. What brings you into therapy at this time?

2. Have you seen other counselors, therapists, psychologists in the past? If so, do you think they helped you? Why or why not?

3. What goals do you have for therapy now?

4. Are there things in your family or personal life, school or job, that you think would be worthwhile talking about in addition?



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Client Rights, Responsibilities & Consent to Treat

As a voluntary counseling client, you have consumer rights with regards to the services that EvoLibri provides to you. We ask that you carefully read this document.

Client Rights

You have the right to confidentiality. This means that all therapeutic records and information collected about you, whether from interview, assessment, or sessions, will be held in confidence – we will not share your information with anyone outside of EvoLibri. If you are a minor, your parents have the right to know what the assessment results are as well as to receive a copy of our final report, but unless you approve in advance, we will not share the content of our conversations with them.

There are three limits to this confidentiality, both for minors and adults:

- We are ethically bound to contact authorities if we believe that you have a serious intent to do bodily harm to yourself or to others. This does not mean we will call the police if you tell us something like “I’m so mad I could kill him.” We will, however, contact police if you say something like “I have a loaded weapon at home, and when he gets home from work at 6:30, I’ll be there.” Note that these are examples: it is up to us to make the judgment as to whether or not there is a real threat and/or intent of bodily harm in each situation.
- We are also ethically bound to contact authorities if we believe that there is evidence of physical or sexual abuse of a dependent adult or minor. If you are a minor (under 18 or under guardianship), this means that the law states that we must report it if you tell me that you are being hurt or sexually touched by someone without your permission. It also means that we must report it if you tell us that you are sexually touching or hurting a minor or dependent adult without his or her permission. Note that if you are 16 years or older, we are not required to report consensual sex (sex ‘with permission’ of the other person). Again, we will use our discretion and experience to determine if there is real abuse before reporting.
- If you are receiving employment services from us (Job Development, Job Coaching) through a Department of Rehabilitation placement or under contract from your employer, we are required to share some information about you as it pertains to your ability to work or your work performance. This is considered standard for coaching engagements as we work with clients to help them navigate their work environment and the working world.

You also have the right to end services at any time. If you are a minor or dependent adult, we will not make you continue counseling, even if your parents want us to. However, we do ask that clients really try to continue, even if some of the things we ask you to do are hard or uncomfortable. Counseling is often about stretching beyond what is comfortable so that we can become more effective in our lives. We may ask you to stretch a bit, but if we are going too fast, or if you are truly uncomfortable, you have the right to ask us to slow down or to stop.

You have the right to complete treatment. Because we do not perform full psychological/educational evaluations, nor do we provide psychiatric treatment, or medical or legal advice, we try to keep an active list of professionals in the area who work with general and specific populations and frequently refer clients to them. You are not required to use their services – this is for your information based on our knowledge of you and our professional judgment on what might be most beneficial to you at this point in your life.

Client Responsibilities

Keep your appointments – you will be billed for missed meetings. If you need to cancel or reschedule a meeting, please contact us at least 24 hours before the meeting. We frequently juggle many things at once, and if you miss a meeting it may mean that we could not see another client at that time and so will need to charge you for the missed meeting.

Understand your part in this process. While we are very good at what we do, we do not have all of the answers – no one does. We will work closely with you to develop a roadmap that we believe will work for you, but you ultimately have the decision making power about your treatment and how to carry it out. If you don't feel that we are serving you well, you always have the right to terminate your work with us.

Please do your homework so we can make the best use of our time together. If we have given you an assignment to do before our next scheduled meeting, please make sure you complete it and bring it with you to our next meeting. Otherwise, we may need to spend the session doing your homework, rather than moving on to the next step, which wastes time and money.

Payment is due upon receipt of our invoice. Some of our clients see us for a pre-arranged number of sessions which have a set fee. In these cases, we ask for half of the fee at our first meeting and the second half of the fee at our final meeting. You may pay by check, credit card or Intuit Payment Network. For clients meeting with us on a weekly basis, you will be invoiced at the end of each month, for your convenience. We ask that you please pay these invoices upon receipt. We do not accept insurance at this time, and many of our services are not covered by standard insurance plans. Please check with your provider for information.

Consent to Treatment

Most people who participate in behavioral or mental health treatment benefit from it. Like most kinds of health care, this kind of treatment requires a very active effort on your part if you are going to get something out of it. In addition, there may be certain kinds of risks involved. For example, the therapy process can be challenging and sometimes may involve experiencing some uncomfortable feelings, or engaging in difficult interactions, or facing difficult aspects of your life. Nevertheless, most people find the benefits outweigh any such risks. In fact, sometimes there can be more risks associated with not participating in therapy

It is important that you participate in this treatment willingly. If you have any questions or concerns about this document, about the services being provided to you, or about your treatment options, you please speak with your therapist.

Acknowledgment

By signing your name in the space below, you are acknowledging that you have read and understood this document, Client Rights, Responsibilities & Consent to Treat, and that you voluntarily agree to participate in this treatment or programming.

If the person receiving care is a minor, a parent or legal guardian acknowledges having read and understood this document and voluntarily agrees to the minor's participation in the treatment (except in certain legally exempt situations).

Client Name

Client Signature

Date

Client's Parent/Guardian Signature as appropriate

Date



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HIPAA (Therapy) and GDPR (Employment) Disclosure and Release

Under the US Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to protect your therapeutic records/Protected Health Information (PHI) from accidental or intentional distribution to other people. Under the European Union's General Data Protection Regulation (GDPR) you have the right to retain control over your personal information we collect in order to provide employment services to you. In plain English, we are not allowed to give your personal information to anyone else without your permission in order to protect your privacy (HIPAA), and you may ask us to destroy/delete any information we have collected for employment services (GDPR).

EvoLibri is committed to protecting our clients' rights to privacy:

- Electronic records are stored on personal computers that are used solely for EvoLibri's clinical work. Our network is WPA-2 protected, and only staff is allowed access to our network. Data is backed up regularly through an encrypted and secure connection to a password-protected and firewalled offsite storage facility.
- All email correspondence is handled through secure protocols and our LAN is firewalled.
- Where possible, all voice messages are left on client's cell phones to limit accidental access by other parties.
- We do use texting to communicate, but only with permission from the client and generally only for appointment reminders.
- We require signed confidentiality waivers before we are able to speak any other professionals or care providers. For clients ages 18 and over, we require confidentiality waivers before we are able to speak in specific terms with your parents.
- All printed records are stored under the 'two-key' method, meaning two keys are required to access any hard-copy records (a key to open the office, and a key to open a file cabinet, for example).

- Under GDPR (General Data Protection Regulation), clients have the right to request that all records regarding employment services are destroyed, both physical and electronic. We require requests in writing.

However, even with these security measures in place, electronic data can still be compromised. While highly unlikely, computers and hard drives can be stolen or hacked in to, and encrypted email can still be hijacked and accessed.

Because we rely heavily on electronic communication with our clients and electronic creation and storage of our documents, and even though we are committed to using reasonable effort to protect your confidentiality, we feel that it is important to advise our clients of the slight risk of unauthorized access to their confidential records and ask that you release EvoLibri from any indemnity if your personal information is stolen, accessed, or compromised by an unauthorized third party. Further, in the unlikely event a data breach occurs, you will be notified at your last known address within five business days of the event being brought to our attention.

By signing below, I confirm that I have read and understood this document, and agree to hold EvoLibri and its employees harmless should my personal information be accessed through illegal or unethical practices by a third party.

Signed

Date



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Informed Telehealth and Consent

California law has long recognized Telehealth as a form of delivery of health care and behavioral health services. In California, “Telehealth” is defined as a method to deliver health care services using information and communication technologies to facilitate the diagnosis, consultation, treatment, and care management while the patient and provider are at two different sites. Most insurance companies have agreed to pay for telehealth, but you should check with your provider if you have questions.

EvoLibri is now offering Telehealth as the standard of care during the Covid-19 pandemic, and may continue to use Telehealth practices as practical and useful beyond the pandemic. EvoLibri is using Zoom’s HIPAA/FERPA-compliant encrypted software for this purpose. Please sign and return this form to us via email (intake@evolibri.com) or fax (888 735-7991).

I _____ [YOUR NAME] hereby consent to engaging in
Telehealth with _____ [CLINICIAN/SERVICE PROVIDER] as
part of my treatment.

- I understand that “telemedicine or Telehealth” includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications.
- I understand that Telehealth also involves the communication of my medical/mental information, both orally and visually, to health care practitioners located in California.
- I understand that I have the following rights with respect to Telehealth:

- (1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment or risking the loss or withdrawal of any benefits to which I would otherwise be entitled.
- (2) The laws that protect the confidentiality of my medical information also apply to Telehealth. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.
- (3) I understand that a HIPPA compliant platform (Zoom) will be used with healthcare-level security assurances. I understand that there are risks and consequences from Telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. In addition, I understand that if my psychotherapist believes I would be better served by another form of psychotherapeutic services (e.g. face-to-face services) this will be communicated to me and I will be able to engage in the recommended form of therapy with my therapist or another therapist who can provide this service will be recommended.
- (4) I understand that I may benefit from telemedicine, but that results cannot be guaranteed or assured.
- (5) I understand that I have a right to access my medical information and copies of medical records in accordance with California law. I have read and understand the information provided above. I have asked any questions that I may have they have been answered to my satisfaction.

Client Signature (even if a minor):

Client Parent/Guardian Signature:

Date _____



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Late Cancellation and Rescheduling Fees

Because much of our business is spent in session with clients, we depend on keeping our schedules full in order to earn a living. When clients miss an appointment or call/email to reschedule less than 24 hours in advance, that hour goes unused, and we don't get paid. To that end, we must charge for missed and rescheduled appointments when we have less than 24 hours notice.

- For clients who are on a program fee, missing an appointment or cancelling it less than 24 hours before the appointment, you may be charged \$75 for the missed appointment.
- For clients who are paying per session, missing an appointment or cancelling it less than 24 hours before the appointment, you may be charged the full rate for the missed appointment.

Because we do understand that people forget and accidents happen, we do offer one 'free' missed session, but after that we must charge for missed appointments. Thank you for your understanding in this matter!

Memo of Understanding Regarding Late Cancellation and Missed Appointment Fees

I have read and understood this agreement and agree to its terms.

Signed

Date



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Release of Liability for Groups and Classes

Read Carefully – This Affects Your Legal Rights

In exchange for participation in _____ organized by EvoLibri Consulting of 4655 Old Ironsides Dr, Suite 170, Santa Clara CA, 95054, and/or while engaged in any activities as part of this class, group, or event, I agree to the following:

1. I agree to observe and obey all oral and written instructions, directions, and warnings given by EvoLibri, its employees, representatives, or agents;
2. I recognize that there are certain inherent risks involved in associated with activities such as cooking, travel, and other skills that might be taught and activities that may occur while participating in events and classes at EvoLibri, and I assume full responsibility for personal injury to myself and further release and discharge EvoLibri for injury, loss, or damage arising out of my participation in these events, whether caused by the fault of myself, EvoLibri, or other third parties;
3. I agree to indemnify and defend EvoLibri against all claims, causes of action, damages, judgments, costs of expenses, including attorney fees or other litigation costs, which may in any way arise from my use of or presence upon the facilities of EvoLibri;
4. I agree to pay for all damages to the facilities of EvoLibri caused by my own negligent, reckless, or willful actions;
5. Any legal or equitable claim that may arise from participation in the above shall be resolved under California law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT, I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Dated: _____

Participant's Name: _____

Signature of Self or Legal Guardian: _____



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Waiver of Confidentiality

Under federal law, you have the right to confidentiality with regards to the treatment and treatment sessions you receive from any social worker, counselor, therapist, doctor, or other specialist. This means that without prior consent from a client or his/her parents, EvoLibri may not have conversations about you with anyone.

However, because EvoLibri Consulting provides comprehensive treatment to its clients, we frequently ask clients to allow us to speak to other service providers they are seeing such as psychiatrists, psychotherapists, school counselors, occupational or speech therapists. For those clients over 18 years of age, we may also ask you to sign a waiver so that we can speak with your parents. You do not have to sign this waiver if you do not wish to do so and if you have any questions about what might be discussed if you do sign this waiver, you are welcome to speak to me before signing this document.

EvoLibri follows the ethical guidelines put forth by the American Psychological Association regarding client confidentiality.

I agree to allow EvoLibri's principal and staff to release information and discuss

(client's name) _____ case with

(parent, specialist, or officer name) _____ for

one year, dated from (today's date) _____.

Signed (your signature) _____



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Service and Fee Schedule

EvoLibri offers numerous services, including assessment, therapy, consultation, counseling, coaching, and classes. Services are offered either singly or in combinations to develop customizable 'light wrap' services for the client. All of our employees are screened by the Department of Justice using LiveScan.

We invite you to read through this document prior to your first meeting so that you understand what services we offer and how our programs and fee structure works. *All hourly rates are for a clinical hour of 50 minutes unless otherwise noted.*

Getting Started with EvoLibri

- Intake (short) – a complimentary 30-minute intake is scheduled to evaluate the client's current situation and develop a course of action. No charge.
- Consultation – consultation sessions are scheduled with the principal to discuss specific situations, provide referrals, or develop plans for short-term challenges, IEP strategies, etc. \$200/hr.
- Initial Evaluation (extended) – initial evaluations are scheduled with the principal to evaluate the client's current situation and develop a course of action. Includes an hour session, functional assessment, document review and collateral consultation with current mental health providers and/or teachers, treatment plan and referrals as needed. Required for intake of complex cases, \$400.

Assessment & Assessment Programs

- Transition Assessment and Planning (Career/Post-Secondary Education Assessment and Planning) – as warranted, includes career, vocational, personality type, living skills assessment, career exploration and development, post-secondary educational options, salary and projected sector growth review for targeted careers, recommendations including referrals to local programs and schools, and comprehensive findings report and transition plan meeting. \$3200, in-office; \$4200, with travel in Bay Area; \$4200 and up, travel outside of Bay Area. Rates include attendance at one IEP via phone.
- Career Assessment – MBTI and Strong Interest Inventory reports and two follow-up sessions: findings discussion, research, and planning sessions. \$500

Coaching, Counseling & Therapy

We offer both therapy and coaching, depending on the client needs. Both use directive and empathic approaches, with coaching focused on short-term pragmatic goals and therapy focused on long-term solutions to anxiety, depression, and emotional regulation. Note that our coaching is not reimbursable through health insurance.

- Individual, Family, Parenting, Executive Coaching – Skills-building areas include executive functioning, attentional, behavioral, and study/living skills, conflict resolution and transitioning from the family home, for ages 16 and older, \$200/hr with Jan Johnston-Tyler.
- Individual, Family, and Group Therapy – Skills-building using Cognitive Behavioral Therapy and other modalities for emotional regulation, communication skills, conflict resolution, sibling and parent coaching. For youth, teens, and adults \$185/hr with our LMFTs, and \$155/hr with MFT Associates and Trainees. Please note that only fully-licensed LMFT services are reimbursable through insurance.
- Case Management – for clients with receiving more than one service from EvoLibri on a regular basis, we provide case management to ensure collaborative care and reporting. We can also provide case management with service providers outside of EvoLibri. \$185/hr with Cynthia Haartman.
- In-Home Behavioral Shaping/ILS – Targeted behavior intervention in the home for chores, homework, and leisure interactions, based on adopted behavior plan. For ages 14 and older, \$110/hr for in-home interventions with staff, \$185/hr for plan development and case management.
- Academic Success – Targeted intervention to teach executive functioning skills to high school and college students, including enrollment, registration, accessing disability services. For ages 14 and older, \$200/hr with principal, \$110/hr for interventions with staff, \$185/hr for plan development and case management.

Mentoring, Coaching & Advocacy

- Professional Coaching/Career Development – for adult clients who require help in overcoming challenges in the professional workplace, or who need assistance in career development and management strategies. \$200/hr with Jan Johnston-Tyler.
- Executive Functioning/Life Skills Mentoring – for clients (adolescent and adult) who require help in developing strategies to overcome challenges at home, in their personal life, or in the work place. \$200/hr with principal, \$110/hr with Staff.
- Independent Living Skills – for older teen and adult clients requiring coaching in-home to perform daily tasks such as cooking, cleaning, or studying. \$110/hr with staff coach, and travel fees may apply.
- IEP/504 Advocacy and Attendance – for school-aged clients and their families requiring support and advocacy while securing services in public schools. \$300/hr; \$1200/half day; \$2000/full day.
- Job Development – for clients who wish for specific help in attaining a job, we offer customized development, including job lead development, screening employers, and prepping the client for interviews. \$150/hr with Director of Employment Services Shawna Tran; \$140/hr with staff job developers.
- Job Accommodations/Retention – once a client has been hired, we offer individual coaching on how to request (with or without disclosure) accommodations, and how to make this job work for the client. \$150/hr with Director of Employment Services Shawna Tran; \$140/hr with staff job developers.
- Employer/Employee Mediation – for situations where an employee is in jeopardy of losing his/her job, we offer mediation on behalf of the client in order to educate the employer, and develop strategies for client success. \$300/hr with principal; \$175/hr with job developer, Shawna Tran.

Groups and Classes

- Groups: EvoLibri provides social and support groups for teens, adults, families and parents. These groups meet either online or in-person, and a schedule of our current events are posted at www.evolibri.com/events. *All new members under 18 must schedule a free intake with parents prior to attending first event.* Online groups are free, in-person events are typically \$35.
- Classes: EvoLibri offers a variety of classes throughout the year, including PEERS Social Skills Training, LifeLaunch independent living skills summer camp, SpringBoard high school prep summer camp, Workplace Adaptability Program for early career job seekers, and CEO of Self executive functioning workshop for college students. We also offer specialty classes from time to time such as human sexuality for young adults.

Additional Services and Charges

- Observation, Onsite Consultation, In-Service Training, Court Appearances – We provide professional consultation and training for individuals, businesses, organizations and allied professionals. Charged at \$300/hr on site plus travel time, \$1200/half day or \$2000/full day offsite.
- Correspondence and Conference Calls – EvoLibri charges for all client and family-initiated email correspondence and telephone conversations beyond brief check ins and scheduling communications. Billed in 15-minute increments at \$85.
- Reports & Documentation – EvoLibri is happy to provide written reports and additional documentation as requested of case notes, court reports, findings and recommendations, and accommodation requests. Billed in 30-minute increments at \$150.

Important Notes

1. We bill at the end of each month, and you will receive an invoice as an email attachment. You can pay this invoice online using Intuit's secure bill paying system, or you may mail us a check. All bills are due on receipt.
2. We do not take insurance, but provide a superbill as invoice every month that you can submit to your provider. Some services are not covered by insurance, and we make no claims as to what your provider may cover.
3. We are not a crisis provider and do not have 24/7 phone coverage. If you or your child is experiencing a mental health emergency, please contact 911 or go to the nearest emergency room.



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Contract for Engagement

I have read and understood the fee schedule and I am agreeing to engage EvoLibri, its principal, and/or its employees and agents to perform the following services and to pay all associated costs as part of our engagement. While I can receive 'superbills' to submit to insurance, I further understand that EvoLibri makes no claims that any or all costs will be covered by my insurance company, and that **all fees are due regardless of reimbursement**. I also understand that fees are subject to change in the future.

Initial services agreed to include:

- Assessment: _____
- Therapy/Counseling: _____
- Job Development: _____
- Coaching: _____
- Other: _____

I also understand that I may be charged for the following services **as initiated by the client or parents**:

- Court Appearances (requires separate contract for expert testimony)
- Correspondence and Conference Calls with Parents or Other Clinicians
- Case Management Fees
- Additional Documentation
- Travel fees

I also understand that I will be charged for all missed appointments and all appointments cancelled by email or voicemail without 24-hour notice.

I understand that I am responsible for deposits upon intake, that session costs are due at the beginning of each session or within ten days of receipt of emailed monthly invoices.

I acknowledge that if payment has not been received after ten calendar days of billing, that my credit card may be charged to bring my account up to date and/or that I may be charged 5% interest per month on my past due accounts.

I understand that if I do not keep my account up to date, that services may be terminated, and that I may be referred to a low-cost counseling service. I also understand that EvoLibri may use a collection agency, at its discretion, to collect on past due accounts.

I intend to pay all fees by (**check preference**)

- Intuit Merchant Center (our preference, uses checking account, ATM , or credit card)
- Visa or Mastercard on file
- Check by mail

I agree to, and understand, this contract, and have received a copy of this notice for my records:

Signed by Financially-Responsible Client or Parent

Dated

Credit Card Number to Secure Account

Name on Account

Billing Zipcode

Exp Date

CVC