

YANON VOLCANI, Ph.D.  
CLINICAL AND CONSULTING PSYCHOLOGY  
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## CLIENT INFORMATION AND CONSENT FORM

I welcome you to my office and thank you for the confidence in me that your being here implies. I realize that with all the forms and contracts we are presented in our daily lives, yet another form can be burdensome, if not intimidating. This is particularly the case given the nature of my profession – providing psychotherapeutic treatment, assessment and consultation. For this reason I have on my website at [www.volcani.com/?page\\_id=176](http://www.volcani.com/?page_id=176) my Office Policy and Procedure manual to give you some specific information about my practice and how I work. You are welcome to download it as well. I do ask that you read this handout to help us be as clear as possible as to the nature and expectations of our working together. Please do not hesitate at any time to ask about any portion of the information which seems unclear or confusing, or if you have any other questions.

### Client Information

Client's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parents' Names (if applicable): \_\_\_\_\_

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

Telephone: hm \_\_\_\_\_ work \_\_\_\_\_  
cell \_\_\_\_\_

E-mail: \_\_\_\_\_

## Consent for Consultation/Treatment

I hereby contract and give my consent for Yanon Volcani, Ph.D., to provide psychological services to me/my child(ren). Such services may include consultation, psychotherapy and/or psychological evaluation. I give my permission for Dr. Volcani to utilize a variety of treatment and/or assessment methods, including Client Centered, Jungian, Psychodynamic, Cognitive-Behavioral, Gestalt and Imagery approaches. I understand that Dr. Volcani cannot guarantee symptom relief or positive results from my or my child's consultation or therapy with him. Indeed, I am aware that there are times during psychotherapy when symptoms and distress can increase. I do not hold Dr. Volcani liable in any way for any such occurrences during the course of therapy or after treatment has been terminated.

I understand and agree to be financially responsible for all payment of services provided by Dr. Volcani to me/my child(ren) at the rate of \$175 per a 45 minute hour. Payment is to be made at the time service is provided, unless otherwise agreed upon by Dr. Volcani and myself. I, further, understand and agree to give a 24 hour notice of cancellation of any appointment or I will pay \$175 for that appointment.

If I do not fulfill my financial responsibility as specified above and it becomes necessary for Dr. Volcani to seek legal recourse to obtain payment, I hereby authorize him to release and/or acquire any and all information deemed necessary for said purpose. I, furthermore, agree to pay any and all court costs incurred by Dr. Volcani related to the above stated litigation, as well as the cost of his time related to this litigation at the rate of \$230 per hour.

Lastly, if convenient for you and with your consent, we can communicate administrative material (e.g., arranging and confirming appointments, exchanging forms I provide you) by way of email and/or text messaging. I take every precaution to safeguard the confidentiality of such information, including using an email platform specifically appropriate for the exchange of confidential transmittals (if you wish, I am happy to explain in more detail during our initial session). Nonetheless, due to the nature of electronic communications, there is the possibility that unauthorized access could occur. Please circle your preference below.

I  DO  DO NOT give my consent for myself and Dr. Volcani to communicate through the use of email and/or text messaging.

I understand I have a right to a copy of this agreement.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Relevant Signature

\_\_\_\_\_  
Date