Michael D. Lynch, LMFT

101 Cambridge St. Suite 365
Burlington, MA 01803
(617) 334-7727

Initial Intake (Individual Adolescent 11-18)

Name____ Date of Birth________________

Parent(s)/Legal Guardian(s)____

Address ____ City__________________ State _____

Telephone ____________________________ Alternate Telephone ________________________

E-mail address ____

Age _______ Sex __________ Identified Gender _____________ Preferred Pronoun _________

Relationship Status___________ Length of Current Relationship __________ LGBTQ?________

Emergency Contact

Name _______________________________________ Relationship to client ________________

Address _______________________________ Phone # __________________________________

Cultural Information (Optional)

Race/Ethnicity ________________ Primary Language Spoken at Home ___________________

Do you find your culture to be a source of strength or identity? ___________________________

Do you consider yourself spiritual or religious? Describe: _________________________________

____

Financial/Employment

Current Job (if employed) ____________________________ Satisfied with job? ______________

Current Employer __________________________ Length of time on this job ________________

Financially I am… ____

Michael D. Lynch, LMFT

101 Cambridge St. Suite 365
Burlington, MA 01803
(617) 334-7727

Medical Information

Name of Primary Care Physician ____

Address ________________________________ Phone # ___________________________________

List ALL allergies ____

List ALL medications and dosages below:

Medication	Dose/Frequency	Condition Used For

Have you ever been hospitalized? When? What for? ______________________________________

____

Please provide additional information on any serious or chronic illnesses or major injuries including when they occurred or began in the space below.

Michael D. Lynch, LMFT
101 Cambridge St. Suite 365
Burlington, MA 01803
(617) 334-7727

Family Relationships / Living Situation

List People Living in Your Household:

First Name	Age	Relationship to You	First 3 Words That Come to Mind to Describe Them

Are there other significant people in your life who you do not live with? Describe them below.

Educational/Developmental Information

Current Grade_________________ Current School (if enrolled) _____________________________

Highest Grade Completed ____________________ Preferred Subject(s) _____________________

Any diagnosed learning disabilities? ____

Any developmental delays in early childhood? ____

Reason for Seeking Treatment

Briefly describe what you are seeking treatment for and why now?

Michael D. Lynch, LMFT
101 Cambridge St. Suite 365
Burlington, MA 01803
(617) 334-7727

Previous Treatment

Have you ever had therapy in the past? When? For what issues? With whom? Did you find it effective? Please describe briefly:

Addiction and Substance Use

Have you had any issues with drugs or alcohol or other addictive behaviors such as gambling, sex, food, exercise, internet/video games? Please describe which substances/behaviors, when this began and the last time the substance was used or behavior was engaged in.

Trauma History

If you have experienced any trauma in your life, especially in childhood, please describe briefly:

Michael D. Lynch, LMFT

101 Cambridge St. Suite 365
Burlington, MA 01803
(617) 334-7727

Electronic Communication Policy

Michael D. Lynch, LMFT (Men's Center New England, LLC) utilizes E-voice for business communication. This service routes calls and texts to him at specified times and/or when available. Men's Center New England has an e-mail account through Gmail which has been provided to me. By signing below, I confirm that I understand and agree to the following:

- I understand that this number is not to be used for emergency purposes. Should I need urgent help I agree to call 9-1-1 or go to my nearest emergency room.
- I understand that messages may take some time to return.
- I agree to utilize voicemail, e-mail and text messaging only for non-clinical matters such as scheduling. Texts or e-mails containing clinical information will be printed and saved as part of my clinical record.
- I understand that no electronic communication can be 100% secure from hacking. I understand that any electronic communication could be intercepted, altered or forwarded without detection, stored electronically by 3rd parties, and could be used in court if my clinical record was ever court ordered. Additionally, I understand that text messaging rates may apply depending on my carrier.
- I understand that E-voice records voicemails in a digital file and sends them to menscenternewengland@gmail.com in order to communicate with Michael D. Lynch, LMFT in a timely fashion. These files will be deleted within 30 days.
- Michael Lynch, LMFT cannot guarantee but will use reasonable means to maintain security and confidentiality of all electronic communication.
- I allow Michael Lynch, LMFT to leave voicemail messages on the number I have provided _________ (initial to agree) and to send text messages to the number I have provided regarding appointment times and other non-clinical matters _________(initial to agree)
- Michael Lynch, LMFT can discontinue the use of text messages and e-mail if these policies are not adhered to.

Name of client (Print) ____ Date_____________

Signature ____

Signature of parent/legal guardian____

Michael D. Lynch, LMFT

101 Cambridge St. Suite 365
Burlington, MA 01803
(617) 334-7727

Confidentiality Policy

Confidentiality and privileged communication are the cornerstone of any therapeutic process and are the right of all clients. However there are limits to such communication as mandated by state law. It is very important that you and those seeking therapy services understand and agree to the following limitations. In the interest of transparency, informed consent, and education I have included reference to the actual laws below. This will be explained to you verbally upon intake and you will be provided a signed copy of this informed consent form.

- *Duty to Protect:* Massachusetts law (MG.L. c.123, section 36B) is very specific about licensed mental health professionals and our duty to warn or protect identifiable potential victims of our clients. Any disclosure of intent to harm another will be treated seriously and confidentiality will be breached to be acted on accordingly with law enforcement and directly with the person/property threatened.

- *Child Abuse:* Massachusetts state law (M.G.L. c.119 section 51A) mandates the reporting of incidence or suspected incidence of child abuse to the Department of Children and Families. In cases of reported or suspected child abuse Men's Center New England (Michael Lynch, LMFT) will report to DCF within 24-hours.

- *Disabled Adult and Elder Abuse:* Massachusetts state law (M.G.L. c.19A section 14 and 15 & M.G.L. c.19C section 1, 10, and 11) also provides protections for the disabled and elders. Should abuse be disclosed about either of these protected populations confidentiality will be breached and appropriate reporting will be made.

- *Suicide & Self-harm Ideation: I* am not required to make a notification if you express a desire to hurt yourself unless your intent to do so puts others at risk. However I retain the option to notify family members, emergency services or law enforcement if you are unable or unwilling to seek help for yourself. Expressions of hopelessness in-and-of themselves would not necessarily trigger any action and I would not want to shame or stigmatize thoughts in this realm. In fact, I welcome them as part of your experience of being to be processed in our therapeutic context. But I will assess for plans and means to act upon these thoughts and take whatever steps are needed to protect you so that the work in these areas of hopelessness can continue.

- *Outside Consultation:* If you want me to consult with another healthcare provider, school, or any other appropriate party a Release of Information must be signed in advance, stating the purpose of the consultation, and the duration of the ROI.

Michael D. Lynch, LMFT

101 Cambridge St. Suite 365
Burlington, MA 01803
(617) 334-7727

Confidentiality Policy (cont.)

- *Family and Couples Therapy:* Family members and couples may be seen at times individually or conjointly. Information shared during these sessions or in related settings (e.g. telephone calls) is considered part of the overall family or couple therapy process and is not confidential from the other participating family members or partners. I will use my discretion in handling these matters. This is simply a "no secrets" policy to respect the trust of all participants. It is important that you understand this policy before treatment begins. Healthy relationships are built on openness and truth. A separate couples therapy agreement may be signed to clarify the rules and policies around that particular service

- **Under no circumstances will I testify or participate in legal proceedings without a court order.** Client records must be court ordered, not only subpoenaed by an attorney. With the exception of attendance letters confirming treatment dates - should you request one - I recommend you never make your mental health or treatment part of a legal proceeding.

Please be sure you have read the above very carefully. If you are not sure you fully understand any of the above limitations to confidentiality, please ask before you sign.

I/We the undersigned, have read and fully understand the limits of my/our confidentiality. I/We further agree to abide by the policy set out above. I/We have had a chance to ask my/our therapist for additional clarification regarding the limits of confidentiality.

Signature: ____ Date: _____________

Signature: ____ Date: _____________

I am the parent/legal guardian signing for minor (name) ____________________________

Signature: ____ Date: _____________

Michael D. Lynch, LMFT

101 Cambridge St. Suite 365
Burlington, MA 01803
(617) 334-7727

General Policies/Procedures & Consent for Treatment

Cancelation Policy: 24-hour notice is required for cancellation except in emergencies. E-mail is not a satisfactory means to communicate a cancelation. The full fee for the session will be charged if inadequate notice is given. A pattern of cancellations or no-shows could result in termination of services. We will always discuss options and work to identify the barrier preventing engaging in therapy regularly and remove it but I will not hold time that another person could be utilizing. Please be mindful when canceling that it is not only my time not being used, but members of your community on my waiting list who could be using that time.

Fees: Full payment is due at the beginning of each session by cash (exact change only) or check. All checks should be made payable to **Men's Center New England**. Returned checks will incur a $15 fee payable at the beginning of the following session. Exceptions due to pre-payment, sliding scale agreements will be noted in a signed contract addendum to this informed consent agreement.

Consent to Treatment:
Men's Center New England, LLC is a practice of Michael Lynch, LMFT (licensed in Massachusetts #1768) equipped by training and education to provide psychotherapeutic services to enable individuals, couples, groups and families to achieve more satisfying relationships, personal, psychological, spiritual and emotional growth, and physical wellbeing.

My signature below verifies that I/We, or my minor child, are entering into a therapeutic process with Michael Lynch, LMFT under my own free will. The scope of services, policies and procedures including fee & payment, communication, cancellation, license information, confidentiality and legal obligations have all been explained to me and that I agree to and understand its contents.

Name (Print) ____ Date ____________________

Signature ____

Name (Print) ____ Date ____________________

Signature ____

Name of Parent/Guardian signing for minor (Print) ______________________________________

Signature ____ Date ____________________