

**JoAnn Kraft MA
The Carriage House
4300 Baker Road
Minnetonka, MN 55343
952-912-9800**

Directions to the Office:

**Take 494 to Highway 7 East
Exit on Baker Road
Go across Baker Road into our driveway
Enter the “Carriage House” door
Take the stairs to the right and enter our waiting room**

Information for new clients:

- 1. Please arrive 5 minutes prior to your first appointment to fill out paperwork which you will find on a clipboard in the waiting room unless you have downloaded them from the website.**
- 2. Sessions are 50 minutes in length unless otherwise agreed upon.**
- 3. Payment is required at each session (check or cash). You are responsible to stay current with payment. I do not accept any insurance or do monthly billings. This is to keep my fees lower. I will provide monthly statements for submission to your insurance if you so request, however, I am considered out of network for all insurance plans.**
- 4. There is a \$75 fee for cancellations with less than 24-hour notice or for failure to keep your appointment.**
- 5. My typical office hours are on Monday and Thursday. Appointments on Tuesday and Wednesday are occasionally available depending on my teaching schedule.**

I look forward to meeting you.

JoAnn Kraft

**JoAnn Kraft M.A.
The Carriage House at Watertower Place
4300 Baker Road
Minnetonka, MN 55343-8600
952-912-9800**

Date_____

Name_____Date of Birth_____

Address_____

City_____State_____Zip_____

Home Phone_____Cell/Work Phone_____

Employed By_____Position_____

Person To Notify In Case of Emergency_____

Phone_____

Referred By_____

May I Thank Them For The Referral_____

I DO HEREBY SEEK AND CONSENT TO TAKE PART IN THE TREATMENT BY THE THERAPIST NAMED ABOVE. I UNDERSTAND THAT DEVELOPING A TREATMENT PLAN WITH THIS THERAPIST AND REGULARLY REVIEWING OUR WORK AND TREATMENT GOALS IS IN MY BEST INTEREST. I AGREE TO PLAY AN ACTIVE ROLE IN THIS PROCESS.

I UNDERSTAND THAT NO PROMISES HAVE BEEN MADE TO ME AS TO THE RESULTS OF TREATMENT OR ANY INTERVENTIONS PROVIDED BY THE THERAPIST.

I AM AWARE THAT I MAY STOP MY TREATMENT WITH THIS THERAPIST AT ANY TIME, I AGREE THAT I WILL NOTIFY THE THERAPIST OF MY DESIRE TO TERMINATE AT LEAST SEVEN DAYS IN ADVANCE. I WILL STILL BE RESPONSIBLE FOR ANY UNPAID FEES.

***FOR PREMARITAL COUPLES-*I UNDERSTAND THAT THE COUNSELING SESSIONS, INVENTORY RESULTS AND OUR READINESS FOR MARRIAGE WILL BE DISCUSSED AND REVIEWED WITH_____ (THE PASTOR PERFORMING THE CEREMONY).**

SIGNATURE

DATE

JoAnn Kraft M.A.
The Carriage House at Watertower Place
4300 Baker Road
Minnetonka, MN 55343-8600
952-912-9800

I understand that:

- A therapy session is 50 minutes in length unless otherwise agreed upon.
- The fee of \$90.00 per session is **payable in full at the end of each appointment** unless other arrangements are made in advance. I am fully responsible to keep my payments current.
- Under some circumstances therapy session of 80 minutes will be scheduled. The fee for this longer session will be \$150.00.
- *Premarital Counseling* – A fee of \$400.00 will include educational materials and 6 hours of counseling. For church affiliated counseling, the church will set the fee. Fees may be paid by session.
- I am fully and directly responsible to JoAnn Kraft MA, for payment of services rendered.
- I may be charged a \$75.00 fee for missed appointments in which I do not give 24 hour notice.
- Phone conversations of a brief nature are included in the routine charges for office visits. If prolonged phone conversations are required, a fee appropriate to the time involved may be charged, including long distance charges when applicable.

Your situation may be confidentially discussed in peer consultation with another therapist in order to provide the best possible treatment. Such discussions will, of course, remain private within the consultation relationship.

Confidentiality is maintained for all clients except in the following cases:

- If child abuse is either reported or suspected.
- If you, the client pose a “clear and imminent danger” either to yourself or someone else.
- If you, the client, become a “vulnerable” adult.
- If you, the client, release information with a written authorization. (Signature of parent or legal guardian is required if client is under 18 years of age).
- If a court subpoenas your records.

I acknowledge that I have read and understand the above statements.

SIGNATURE

DATE

SIGNATURE

DATE