



Group Information and Consent Form

Group Programs and Services: Group programs and services are shared appointments or sessions with other people. Groups are educational and therapeutic, and allow for members to provide and receive feedback/support from each other. Participation in groups can offer many benefits. However there can be risks as well, as thoughts, feelings, and past traumas or losses are processed during treatment. You may have uncomfortable thoughts and feelings (e.g. anxiety, anger, sadness) and may have bad dreams as we progress in our work. Although uncomfortable, the benefits can be dramatic if you continue to work through “the stuff.”

Consultation with your primary care physician, psychiatrist, and other health care providers is strongly recommended (you must sign a *Release of Information Form* before any confidential information is released; also see “confidentiality” below).

Length of Sessions: This is a _____ week group. Each group session is _____ minutes in length. If you miss any sessions or arrive late, we will have less time in which to work and progress may be delayed. Also, you are still responsible for the full session fee.

Payment of Services: The fee for group _____ is \$ _____ per session if you pay as you go along at each session. You can save \$ _____ off each session if you pay for all the weeks (entire program) at the beginning. Fees are due at the beginning of group. You will not receive a refund for any missed or cancelled sessions or if you choose to withdraw or leave the group.

I do not bill insurance for group programs; however I can provide you with a *Statement of Service Receipt* to submit to your insurance company if you would like to try to seek reimbursement. Please let me know if you would like a *Statement*.

Fee adjustments are based on need and made on a case-by-case basis. If we agree to a fee adjustment, an additional *Fee Adjustment Form* must be signed.

Appointments & Cancellations: You may contact me at (949) 933-9146. If you need to cancel or reschedule your appointment, please call **at least 24-hours prior** to your appointment time. You will not receive a refund for any missed sessions.

Telephone Calls and Messages: My telephone and confidential voicemail can be reached at (949) 933-9146. My email is: Angela@TherapistAndCoach.com. If you leave a message or send an email, I will respond as soon as I can and typically by the end of the next business day. If I have not responded, it is likely that I did not receive your message or email. I ask that you contact me again. Telephone consultations are limited to 5 minutes or less. You may schedule an additional session if more time is needed. If we have agreed to a telephone consultation as a modified session, you will be charged a prorated fee based on your 50-minute session fee. Insurance companies typically do not pay for phone consultations and you are responsible for the full cost.



Emergencies: If I am not available to speak with you and you need to talk to someone right away, please call the 24-hour crisis hotline at (877) 7-CRISIS or (877) 727-4747. You may also call the 24-hour Suicide Prevention Hotline at (800) 273-8255.

If there is a life-threatening emergency, please call 911 or go to your nearest hospital emergency room.

Confidentiality: Because group programs and services involve members disclosing private medical and social information, all participants in a group must agree to respect the privacy of all participants and keep their information confidential. Additionally, without written consent, all discussion between psychotherapist and client are strictly confidential. Exceptions to this law are outlined in the HIPAA Privacy Notices.

Also, I am required by California laws to share confidential information and report the following:

- Suspected child abuse or neglect
- Suspected abuse or neglect of an elder or disabled person
- A patient that communicates threat of serious harm to another person

If you are suicidal or threaten to harm yourself, I may need to share confidential information to help keep you safe from harm. This may include seeking hospitalization or contacting family and significant others who can help provide safety.

At times, consultation with other professionals is made on clinical cases. In these consultations, your identity is not revealed, and the least amount of information needed for counsel is disclosed. The consulting professional is also legally bound to keep information confidential. Unless you object, I will not tell you about these consultations unless I feel it is important to our work together.

Consent to Group Programs and Services:

By signing below:

- I acknowledge that I have read and understood the above information.
- I have had the opportunity to ask questions and seek clarification.
- I voluntarily choose to participate in the group program and services.
- I assume the responsibility for keeping all information disclosed in the group confidential.
- I agree to all above conditions and was provided a copy of this form.

Client Name (please print)

Client Signature

Date

Angela P. Wu, LCSW (LCS 23205)

Date

Parent/Legal Guardian Name (please print)
(If applicable)

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Name (please print)
(If applicable)

Parent/Legal Guardian Signature

Date