



Information and Consent Form

<u>Mental Health/Behavioral Health Services:</u> Psychotherapy or counseling has been shown to be effective in many cases and 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."

Services may include mental health/behavioral health assessment, case management, treatment, and discharge planning. Service format may include individual, conjoint, family, and group psychotherapy. 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).

<u>Coaching Services:</u> Coaching offers guidance, support, information, and tips to help you move forward and achieve your goals. Coaching may help those who are seeking personal growth, an unbiased sounding board, help with identifying and achieving goals, and help with accountability to yourself as you work toward your goals. Coaching is different than psychotherapy or counseling, and does <u>not</u> involve diagnosis or specific treatment for psychological conditions or crisis intervention. However, I am a licensed psychotherapist and provide coaching services with consideration of psychological factors.

Length of Sessions: Sessions are 50-minutes or 80-minutes in length. If you 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.

<u>Payment of Services</u>: The fee for a 50-minute session is \$150. Fee for 80-minute session is \$220. If you are using insurance, you are responsible for your co-pay amount. Fees are due at the time of service, unless other arrangements have been made. Coaching services are not covered by insurance.

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.

If you are "self-pay" and would like a *Statement of Service Receipt* to submit to your insurance company to seek reimbursement, please let me know. I am an out-of-network provider for many PPOs and POS plans. Your out-of-pocket cost for an out-of-network provider is usually higher than working with an innetwork provider. Call your insurance company for fee information.

<u>Appointments & Cancellations:</u> 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 or you will be charged for the missed appointment. Insurance companies will <u>not</u> pay for missed appointments and you are personally responsible for full payment of missed appointments.

Telephone Calls, Messages, & Email: 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 <u>business</u> 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 <u>not</u> 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.

<u>Confidentiality</u>: Without written consent, all discussion between psychotherapist and client are strictly confidential. Exceptions to this law are outlined in the HIPAA Privacy Notices. I follow the same guidelines for coaching clients.

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 Psychotherapy, Counseling, or Coaching 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 agree to participate in psychotherapy, counseling, or coaching services.
- 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	
Tingola 1 . Wa, Leo W (Leo 25205)	Duc	
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