

Monika W. Yen, LCSW  
Licensed Clinical Social Worker  
Family Wellness Therapy  
License # 28779

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949-903-4218  
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## **INFORMED CONSENT / AGREEMENT FOR SERVICE**

This Agreement has been created for the purpose of outlining the terms and conditions of services to be provided by **Monika W. Yen, LCSW**, to

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“Patient” with important information regarding the practices, policies and procedures of Monika W. Yen, LCSW, “Therapist” and to clarify the terms of the professional therapeutic relationship between Monika W. Yen, LCSW, and the Adult Patient.

Any questions or concerns regarding the contents of this Agreement should be discussed with the Therapist prior to signing it.

### **Risks and Benefits of Therapy**

Psychotherapy is a process in which Therapist and Patient, and sometimes other family members, discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so Patient can experience his/her/their life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties they may be experiencing. Psychotherapy is a joint effort between Patient and Therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors. Participating in therapy may result in a number of benefits to Patient, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, school, and family settings, increased capacity for intimacy, improved communication skills, and increased self-confidence. Such benefits may also require substantial effort on the part of Patient, and/or family members, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors.

There is no guarantee that therapy will yield any or all of the benefits listed above. Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. This discomfort may also extend to other family members, as they may be asked to address difficult issues and family dynamics. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which Therapist will challenge the perceptions and assumptions of the Patient or other family members, and offer different perspectives. The issues presented by Patient may result in unintended outcomes, including changes in personal relationships.

During the therapeutic process, many patients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Patient should address any concerns he/she has regarding his/her progress in therapy with Therapist.

### **Professional Consultation**

Professional consultation is an important component of a healthy psychotherapy practice. As such, Therapist regularly participates in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, Therapist will not reveal any personally identifying information regarding Patient or Patient's family members or caregivers.

### **Records and Record Keeping**

Therapist may take notes during session, and will also produce other notes and records regarding Patient's treatment. These notes constitute Therapist's clinical and business records, which by law, Therapist is required to maintain. Such records are the sole property of Therapist. Therapist will not alter her normal record keeping process at the request of any patient or representative. Should Patient or Representative request a copy of Therapist's records, such a **request must be made in writing**. Therapist reserves the right, under California law, to provide Patient, or Representative, with a treatment summary in lieu of actual records.

Therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Representative will generally have the right to access the records regarding Patient. However, this right is subject to certain exceptions set forth in California law. Should Representative request access to Therapist's records, such a request will be responded to in accordance with California law. Therapist will maintain Patient's records for ten years following termination of therapy. However, after ten years, Patient's records will be destroyed in a manner that preserves Patient's confidentiality.

### **Confidentiality**

The information disclosed by Patient is generally confidential and will not be released to any third party without written authorization from Patient, except where required or permitted by law. Psychotherapy can only be effective if there is a trusting a confidential relationship between Therapist and Patient.

Exceptions to confidentiality, include, but are not limited to, reporting child, elder and dependent adult abuse, when a patient makes a serious threat of violence towards a reasonably identifiable victim, or when a patient is dangerous to him/herself or the person or property of another.

## **Patient Litigation**

Therapist will not voluntarily participate in any litigation, or custody dispute in which Patient, or Representative, and another individual, or entity, are parties. Therapist has a policy of not communicating with Representative's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Patient's, or Representative's, legal matter.

Therapist will generally not provide records or testimony unless compelled to do so. Should Therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Patient, Representative agrees to reimburse Therapist for any time spent for preparation, travel, or other time in which Therapist has made him/herself available for such an appearance at Therapist's hourly rate of \$125.

In addition, Therapist will **not** make any recommendation as to custody or visitation regarding Patient or any other family members.

## **Psychotherapist-Patient Privilege**

The information disclosed by Patient, as well as any records created, is subject to the psychotherapist-patient privilege. The psychotherapist-patient privilege results from the special relationship between Therapist and Patient in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. Typically, the **patient** is the holder of the psychotherapist-patient privilege. If Therapist receives a subpoena for records, deposition testimony, or testimony in a court of law, Therapist will assert the psychotherapist-patient privilege on Patient's behalf until instructed, in writing, to do otherwise by a person with the authority to waive the privilege on Patient's behalf. When a patient is a minor child, the holder of the psychotherapist-patient privilege is either the minor, a court appointed guardian, or minor's counsel.

Patient, or Representative, should be aware that he/she might be waiving the psychotherapist-patient privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding.

Patient, or Representative, should address any concerns he/she might have regarding the psychotherapist-patient privilege with his/her attorney.

## **Billing and Fee Arrangements**

The usual and customary fee for service is **\$125.00 per 50- minute session**. Sessions longer than 50-minutes are charged for the additional time pro rata. Therapist reserves the right to periodically adjust this fee. Representative will be notified of any fee adjustment in advance. In addition, this fee may be adjusted by contract with insurance companies, HMOs, managed care organizations, or other third-party payors, or by agreement with Therapist.

The agreed upon fee between Therapist and Representative is \$125.00 or \_\_\_\_\_.

Therapist may engage in telephone contact with Patient or Representative for purposes other than scheduling sessions. Representative is responsible for payment for any telephone calls longer than ten minutes, and will be billed \$50.00. In addition, Therapist may engage in telephone contact with third parties at the request of Patient or Representative and with the advance written authorization of Patient or Representative. Representative is responsible for payment of the agreed upon fee for any telephone calls.

Representative is expected to pay for services at the time services are rendered. Therapist accepts cash, checks, and major credit cards, including Visa and Mastercard, and American Express. Therapist will keep a copy of your credit card number on file. Please inform Therapist should you wish to use another form of payment.

## **Insurance**

**Representative is responsible for any and all fees not reimbursed by his/her insurance company, managed care organization, or any other third-party payor.**

Representative is responsible for verifying and understanding the limits of his/her coverage, as well as his/her co-payments, limitations, exclusions and deductibles.

Therapist is a contracted provider with the following insurance companies:

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and has agreed to a specified fee. If Representative intends to use benefits of his/her health insurance policy, Representative agrees to inform Therapist in advance.

Additionally, should you choose to use your insurance, with out of network benefits, Therapist will provide you with a statement, which you can submit to the third-party of your choice to seek reimbursement of fees already paid.

## **Cancellation Policy**

If you must cancel a therapy session, we ask that you call us no later than 4:00pm on the DAY BEFORE your scheduled appointment so that we can arrange a make-up session, and allow others to have access to that appointment time. Appointments canceled with LESS THAN 24-hour notice will be charged a \$75.00 cancellation fee. Failure to contact the office prior to your appointment time is considered a NO SHOW and you will be charged \$85.00. Insurance companies will not cover this cost and it will not be billed to them. We do recognize that there are circumstances when a 24-hour cancellation is not possible. We will evaluate these circumstances on an individual basis.

**Please text 949-903-4218 to cancel an appointment.**

## **Therapist Availability**

Therapist's office is equipped with a confidential voice mail system that allows Patient or Representative to leave a message at any time. Therapist will make every effort to return calls or texts within 24 hours (or by the next business day).

**Therapist is unable to provide 24-hour crisis service. In the event that Patient is feeling unsafe or requires immediate medical or psychiatric assistance, Patient or Representative should call 911, or go to the nearest emergency room.**

## **Termination of Therapy**

Therapist reserves the right to terminate therapy at her discretion.

Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, Patient needs are outside of Therapist's scope of competence or practice, or Patient is not making adequate progress in therapy.

Patient or Representative has the right to terminate therapy at his/her discretion at any time. Upon either party's decision to terminate therapy, Therapist will generally recommend that Patient participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. Therapist will also attempt to ensure a smooth transition to another therapist by offering referrals to Patient or Representative.

**Acknowledgement**

By signing below, Representative acknowledges that you have reviewed and fully understand the terms and conditions of this Agreement. Representative has discussed such terms and conditions with Therapist, and has had any questions with regard to its terms and conditions answered to Representative's satisfaction.

Representative agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist.

Moreover, Representative agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

Please be aware that Therapist agrees to receive copies of reports, information, and communication from third parties and from Representatives. Email communication is not guaranteed to be confidential.

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Patient Name/s (please print)

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Signature of Representative (and relationship to Patient)      Date

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Signature of Representative (and relationship to Patient)      Date

I understand that I am financially responsible to Therapist for all charges, including unpaid charges by my insurance company or any other third-party payor.

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Name of Responsible Party (Please print)

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Signature of Responsible Party      Date

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Signature of Therapist, Monika W. Yen, LCSW      Date