



Professional  
Counseling  
Associates

***Kuo-Yi Chung, Ph.D.***

***Arizona Licensed Psychologist***

*1830 S. Alma School Rd. Suite 112, Mesa, AZ 85210*

*480-730-6222; 480-889-5566 fax*

## **Informed Consent and Agreement**

*Informed Consent and Agreement for Psychological Assessment, Counseling/Treatment,  
and/or Related Professional Services*

Welcome to my professional counseling and psychology practice. I am committed to providing psychological services, including assessment and counseling/psychotherapy, toward your desired outcome. A clinical assessment or a professional, therapeutic counseling situation establishes a unique relationship between the two of us. In order to assist you in understanding the responsibilities and expectations involved in this professional relationship, I ask that you read and sign the following informed consent. Once the consent form is signed, we can schedule and conduct the first meeting. During the initial meeting I can answer any questions about the consent form and I will also verbally highlight the legal and ethical standards regarding *Confidentiality*. At any time, I am happy to provide you with a copy of your signed consent form.

### **Professional Disclosure**

I am an Arizona Licensed Psychologist. I earned my Doctorate of Counseling Psychology from Arizona State University with a clinical psychology doctoral internship at Nebraska Mental Health Centers. I completed my Masters of Education in Counselor Education at University of Texas at Austin. I earned my Bachelor of Education in Adult Continuing Education and Bachelor of Arts in English at National Taiwan Normal University.

Primary services I provide are psychological assessment, counseling/psychotherapy, interventions, seminar presentations, and consulting services. I have gained substantial experience in providing evidence-based treatments and conducting psychological evaluations, such as assessing neurocognitive functioning of children and adults. I have practiced in several different settings including private practice, non-profit community outpatient clinics, residential group homes, nursing facilities, public schools, and university counseling center. I also have had many opportunities to work with people from a broad array of backgrounds.

Treatment modalities I provide are individual, couples, marital, family, and group therapy. I provide services for and enjoy speaking engagements on topics such as depression, anxiety, positive psychology and motivation, loss and grief, trauma and abuse, life span transitions, acculturation, as well as other psychological, spiritual, and existential issues. I am bilingual in Mandarin Chinese and English and have a specific interest in multicultural counseling. Recently I've presented as a guest speaker addressing counseling and mental health at East Valley Psychological Society, Arizona State University Counseling Services, Taiwanese Asian American Association, and Evangelical Formosan Church of Phoenix

### Agreement

By initialing and dating each page and signing this Agreement, I understand and agree to the following paragraphs include the structure and standards regarding your rights as a client and the specific arrangement for services. Dr. Chung reserves the right to refer a client to another professional or appropriate resource/organization at any time if the client's needs and goals are not a good match for my skills or experience. Please take time to review the following information:

### Financial

Payment is expected at the time the service is rendered. By signing this document, you are agreeing to pay for the services rendered and any additional expenses that may be accrued in collecting said fees. Currently, the fee for an initial individual 50 minute intake session is \$195.00 and the fee for an individual 45 minute counseling/psychotherapy session is \$155.00; the fee for a 50 minute marital or family session is \$165.00. Currently, psychological assessment and feedback sessions are \$185.00 per session hour. Fees for other services are outlined in a separate Payment Agreement form.

Currently, debit or credit (Visa or Mastercard, as well as Discover Card and American Express), personal checks, business checks, and cash are all accepted as forms of payment. Dr. Chung reserves the right to change any fees with 30 days notice posted in the office. Please be aware, returned check fees are \$35.00 per returned check plus any other fees the bank may assess PCA. You have the right to be informed of all fees that you are required to pay and to be informed about the refund and collection policies. Please discuss these with me or the administrative assistant if you have any concerns. The Payment Agreement form is provided to you for clarification.

While payment is due at the time services are rendered, there are unique times and individual cases in which fees are assessed and a balance becomes due. If a client has a balance due, the office will contact and inform the client either by phone, email or mail of this balance. If the balance is not paid in a timely manner, the client will be informed of any possible additional late fees and collection fees that might be incurred. If the unpaid balance is more than ninety (90) days past due and no payment plan has been agreed upon by the parties, a \$90.00 late fee will be assessed to the account. Additionally, if an account is more than ninety (90) days past due and repeated attempts to contact the client(s) are unsuccessful or the client(s) is/are informed to remit payment and the request for payment is refused, Dr. Chung and PCA reserves the right to utilize other third party collections agencies to then assume the responsibility for collections; the unpaid balance may be submitted to a collections agency if not paid in a timely manner. In the event that a third party collections agency is utilized to pursue and collect payments, please be aware that only the necessary demographic information needed in order for the third party to locate and contact the client will be disseminated. No other personal or confidential information related to any diagnoses, treatment, or other sensitive "HIPAA-related" information will be provided to the third party. However, please note that Dr. Chung's name, occupation, and information about PCA will be provided to the third party as allowed by law and HIPAA regulations in order to establish a business relationship with the third party, thus allowing the third party to pursue collections. Dr. Chung will make every effort to work with clients to create a payment plan on a case by case basis if necessary, however, this is an exception; normally payment will be collected at the time of service. If you feel you are in need of a payment plan, please speak directly to office personnel.

### Insurance

Please pay in full for the services rendered at the time of service. At the time you check out, you will be provided with a "superbill" which many clients use to subsequently submit to their insurance companies for possible "out-of-network," direct-to-client reimbursement. As a courtesy, Dr. Chung will bill insurance companies, including BCBS, Cigna & Aetna, directly for any services rendered. Otherwise, Dr. Chung does not

currently bill any other insurance companies. Additionally, Dr. Chung has opted out of and **does not accept Medicare**. By signing this informed consent, you agree not to submit any receipts or forms from Dr Chung's office to Medicare for reimbursement. It is recommended that you contact your insurance provider before you initiate any psychotherapy or other professional services to identify what is and is not covered by your unique insurance plan. Please note, at times, insurance clients may find that their mental health coverage has been "carved out" to another insurance provider. In all cases, however, payment is due at the time of service and is ultimately the responsibility of the client, not an insurance company.

Third-Party Contracting Client. Organizations, employers, individuals and any other third-party payers that wish to contract as the primary client in order to provide clinical services for an individual, such as an employee, are doing so with the knowledge that they will be solely financially responsible for services rendered. Unique contracts can be created to address your unique organizational needs.

#### Availability of Services

Every effort is made to answer phone calls and email requests in a timely manner. The main office is open from 8:00am to 5:30pm, Monday through Friday, with the exception of holidays. Phone messages and emails are not typically returned outside of normal business hours. While PCA makes every effort to respond in an appropriate manner, PCA does not have the capability to respond immediately to counseling or medical emergencies. True emergencies should be directed to the community emergency services (911) or to the local hotlines (Empact crisis line: 480-784-1500; Banner Help line: 602-254-4357; Maricopa County Crisis Hotline: 602-222-9444). Established clients with an urgent need to make contact may call PCA and every effort to respond as soon as possible will be made, but an immediate response is not guaranteed. A quick or immediate response in one situation does not constitute a commitment of rapid response in another situation. In most cases, while exceptions do apply, Dr. Chung and PCA make efforts to respond to phone calls or emails within 48 hours.

#### Appointments

Regular attendance at your scheduled appointments is one of the keys to a successful outcome in counseling. For a regular counseling session, Dr. Chung reserves 45-50 minutes for each client appointment. A regular session "hour" for psychological testing is 50-60 minutes. Appointments canceled at the last minute are very detrimental to my practice as it disallows other clients the use of that particular time slot. Therefore, please notify Dr. Chung or the office administrator a minimum of one full business day (24 hours), Monday through Friday, prior to a cancellation. Please note, Saturdays, Sundays, and national holidays are not considered business days; we are not usually in the office on weekends and holidays and a cancellation on a Friday evening or a weekend day may not allow for 24 hour notice.

***Please Note: You will be financially responsible for appointments you fail to cancel in accordance with this 24-hour policy. Please refer to the Payment Agreement for further details.***

If you do miss a scheduled appointment for any reason, and you do not call our office within 30 days to reschedule, Dr. Chung will accept that as your notice that you have terminated this Agreement and that you wish to discontinue counseling or any other professional services. At that time, your case will be closed.

#### Privacy, Confidentiality, and Records

All communications and records created in the professional treatment process of psychotherapy or other professional services are held in the strictest confidence according to HIPAA privacy and security regulations. However, there are numerous exceptions to confidentiality, as defined in the state and federal statutes. Examples of the most common of these exceptions are:

- when there is a real or potential life or death emergency
- when a judge issues a court order for client records
- or when child or elder abuse or neglect is suspected.

Please note, a subpoena issued by an attorney does not automatically guarantee the release of records. In most instances where a subpoena has been issued, the client must still sign a release of information authorizing the release of records.

Also, by signing this informed consent agreement, you are agreeing not to audio or video tape any of the interactions (psychotherapy, assessment session, phone consult, etc.) with Dr. Chung or any PCA personnel. Audio or video taped sessions cannot be guaranteed to remain confidential outside of this office and therefore they are not usually permitted. This agreement can be amended with prior written authorization signed by Dr. Chung and all other parties involved.

Dr. Chung also participates in a process where selected cases are discussed with other professional colleagues to facilitate my continued professional growth and to give my clients the benefit of a variety of professional experts. While no identifying information is released in this peer consultation process, the dynamics of the case issues are discussed along with the treatment approaches and methodology. There are also numerous other circumstances when information may be released including: when disclosure is required by the Arizona Board of Psychologist Examiners; when a lawsuit might be filed; to comply with worker compensation laws; to comply with the USA Patriot Act; and to comply with other federal, state or local laws. The rules and laws regarding confidentiality, privacy, and records are complex. Please verbalize any concerns if there are further questions regarding your confidentiality.

Please note, progress notes and other chart records may also include phone and email communication between the client and Dr. Chung, office staff, and (if a release is signed) with other individuals involved in treatment. Any messages that a client might leave on voicemails, text messages, and/or emails may be printed out or transcribed and entered in to the client chart records at any time to ensure proper documentation of any client interactions.

Also, if you are married and primarily seeking marital counseling, a single chart will be created in both spouses' names. Please be aware that if records from a joint marital chart are requested by any party or entity in the future, the signatures of both spouses must be obtained in order to voluntarily release any information. If you are a married couple seeking marital counseling and you would prefer separate charts in each of your names, please specifically request this and every effort will be made to accommodate your request.

Important to note and agree upon for marital counseling/co-therapy or in multi-client cases: By signing this Informed Consent, you are agreeing that any information you disclose is acceptable to share with the other spouse or other client(s) in the treatment process with you. In other words, in marital counseling or co-therapy, secretive information will not be confidentially held between one of the clients and Dr. Chung and subsequently withheld from the other spouse; Dr. Chung will not agree to hold any secretive information between the spouses. Unless Dr. Chung believes that there is imminent danger to one of the spouses if the disclosed information is shared, all information shared by each spouse is free to be shared with the other spouse, even if that particular information was originally shared in an individual session or by phone or email. If you have any questions regarding this ethical stance and preference, please ask me before you sign this agreement.

Purpose, Limitations, and Risks of Treatment

Psychotherapy/counseling and/or psychological assessment, like most endeavors in the helping professions, is not an exact science. While the ultimate purpose of counseling is to reduce your distress through a process of personal change, there are no guarantees that the treatment provided will be effective or useful. Moreover, the process of counseling usually involves working through difficult personal issues that can result in some emotional or psychological pain for the client. Attempting to resolve issues that brought you to counseling in the first place may result in changes that were not originally intended.

Counseling and/or psychological assessment may result in decisions about changing behaviors, employment, substance use, schooling, housing, relationships, or virtually any other aspect of your life. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and often frustrating. There is no guarantee that counseling will yield positive or intended results. In the case of marriage and family counseling, interpersonal conflict can increase as we discuss family issues. Of course, the potential for a divorce is always a risk in individual or marital counseling. Psychometric testing and psychological assessment can also be an intense process of self and other-revelation. Interpretations are based on the client’s test scores, clinical interviews, and other collateral information. While not an exact science, the goal is to be as accurate as possible in the interpretations.

Treatment process and rights

Your treatment process will begin with one or more sessions devoted to an initial intake and/or psychological assessment so that Dr. Chung can better understand the most salient issues, your background, and any other factors that may be relevant. When the initial intake and/or assessment process is complete, we will discuss ways to treat the primary issue(s) and problem(s) that prompted your participation in the counseling process. In doing so, you will be asked to develop specific short-term and long-term goals that together equal a “fluid” treatment plan. You have the right and the obligation to participate in treatment decisions and in the development and periodic review and revision of your treatment plan. You also have the right to refuse any recommended treatment or to withdraw consent for treatment and to be advised of the potential consequences of such refusal or withdrawal.

Client-Psychologist relationship

The client–psychologist relationship is unique in that it is exclusively professional and therapeutic. In other words, it is usually inappropriate for a client and his or her contracted psychologist to spend time together socially. The purpose of these boundaries is to ensure that roles are clearly defined to help ensure the best methodology for your treatment and that your confidentiality is maintained. If there is ever a time when you believe that you have been treated unfairly or disrespectfully, please talk directly with Dr. Chung. Although never intentional, sometimes misunderstandings can inadvertently result in hurt feelings. Dr. Chung would like the opportunity to address any issues that might get in the way of the therapy as soon as possible - this includes administrative or financial issues as well.

Client consent for evaluation and treatment

Consent is hereby given for evaluation and treatment under the terms described in this Agreement. It is agreed that either party, client or provider, may discontinue the evaluation and treatment process at any time and that the client is free to accept or reject the treatment provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Initials:\_\_\_\_\_

In the case of minor children, I hereby affirm that I am a custodial parent or legal guardian with legal decision-making power allowing me to authorize mental health services for the child(ren) and that I authorize services for the child(ren) under the terms of this agreement.

Additional Signature of Consenting Adult if Needed for Minor Child(ren) or for Marital Counseling:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In the case of minor child(ren) or adolescent(s) (under age 18), please specify the following:

Full name of minor: \_\_\_\_\_ DOB \_\_\_\_\_ Relationship: \_\_\_\_\_

Full name of minor: \_\_\_\_\_ DOB \_\_\_\_\_ Relationship: \_\_\_\_\_

Full name of minor: \_\_\_\_\_ DOB \_\_\_\_\_ Relationship: \_\_\_\_\_

Full name of minor: \_\_\_\_\_ DOB \_\_\_\_\_ Relationship: \_\_\_\_\_

For office use only - Verification that client has received and reviewed this Informed Consent document. Client was provided time and opportunity to read and ask questions about this Informed Consent document.

Authorized Representative:

Date: