

CLIENT CONSENT FORM

Christine Tronge, LCSW (BBS #27832)
Seeking Wellness Counseling
1885 The Alameda, Suite 100-I
San Jose, CA 95126

**Form to Sign &
Bring to Your
First Appointment**

Phone: (408) 287-1564

www.MySeekingWellness.com

IMPORTANT INFORMATION AND CLIENT CONSENT:

Please read and sign at the end stating you have fully read and understand the information below.

CLIENT/THERAPIST RELATIONSHIP: You and your therapist have a professional relationship existing exclusively for therapeutic treatment. This relationship functions most effectively when it remains strictly professional and involves only the therapeutic aspect. Your therapist can best serve your needs by focusing solely on therapy and avoiding any type of social or business relationship. Gifts are not appropriate, nor is any sort of trade of service for service.

AVAILABLE SERVICES: Christine Tronge, LCSW offers a wide array of counseling services, including individual, couples, and group services. This practice is staffed by a skilled, experienced Licensed Clinical Social Worker. Effective psychotherapy/counseling is founded on mutual understanding and good rapport between client and therapist. Ms. Tronge will convey the policies and procedures used in her practice, and she will be pleased to discuss any questions or concerns you may have.

RISKS AND BENEFITS: Counseling and psychotherapy are beneficial, but as with any treatment, there are inherent risks. During counseling, you will have discussions about personal issues which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. The benefits of counseling can far outweigh any discomfort encountered during the process. However, some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, and specific problem solving. Ms. Tronge cannot guarantee these benefits, of course. Though it is her intent to work with you to attain your personal goals for counseling and/or psychotherapy.

COUNSELING: Ms. Tronge provides counseling designed to address many of the issues typical clients deal with. Your first visit will be an assessment session in which you and your therapist will determine your concerns, and if both agree that Christine Tronge, LCSW can meet your therapeutic needs, develop a plan of treatment. Should you choose not to follow the plan of treatment provided to you by your therapist services to you may be terminated.

The goal is to provide the most effective therapeutic experience available to you. If at any time you feel that you and Ms. Tronge are not a good fit, please discuss this matter with her to determine if transferring to a more suitable therapist is right for you. If you (or your therapist) decide that other services would be more appropriate, Ms. Tronge will assist you in finding a provider to meet your needs.

Wellness is more than the absence of disease; it is a state of optimal well-being. It goes beyond the curing of illness to achieving health. Through the ongoing integration of our physical, emotional, mental, and spiritual self, each person has the opportunity to create and preserve a whole and happy life. Ms. Tronge's services are designed to provide clients an integrated solution for their mind, body, spirit, and life to enhance their lives and resolve issues.

APPOINTMENTS: Appointments are typically scheduled on a weekly basis and are approximately 50 minutes long. More frequent sessions or an intensive outpatient schedule are available if determined appropriate by your Therapist. If you must cancel or reschedule your appointment please call the office at: **(408) 217-1569 at least 24 hours in advance.** This will free your appointment time for another client.

FEE SCHEDULE:

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Initial Intake Session (1 st visit)	\$120.00
Regular Office Visits (50 minutes) (Individuals)	\$120.00
Couple Sessions or Group Therapy (90 minutes)	\$160.00
Outside Office Work (inpatient visits, court, collaborative law services)	\$120.00
Written Reports (insurance companies, supervisors, etc. pro-rated at	\$120.00
Returned check fee per check	\$35.00

A reasonable fee will be charged for copies of any records requested by the client.

PAYMENT/INSURANCE FILING: Payment of fees is expected at the time of each appointment. Payment may be made before or at the end of your session. If you are using insurance benefits, Ms. Tronge will provide a copy referred to as a "Super Bill" which you can file with your insurance company for reimbursement. Monthly payment arrangements are available if needed for clients who have established a payment record for three months. Additionally, if you have a financial crisis (e.g., unemployment, hospitalization, etc.) anything that may affect your ability to pay Ms. Tronge is willing to negotiate a fee that is reasonable for you to either begin treatment or continue your treatment with her. This arrangement may be temporary and we will re-evaluate it as your circumstances change. It is important that you be willing to share with Ms. Tronge those circumstances and be willing for her to re-evaluate the fee as your financial circumstances improve.

EMERGENCIES: You may encounter a personal emergency which will require prompt attention. In this event, please contact the office regarding the nature and urgency of the circumstances. Every attempt to schedule you as soon as possible or to offer other options will be made. Because clients may be scheduled back-to-back, it is not always possible to return a call immediately. However, all efforts will be made to respond to your emergency in a timely manner. If you are experiencing a **life-threatening emergency, call 911** or have someone take you to the nearest Hospital Emergency Room for help. When Ms. Tronge is out of town, you will be advised and given the name of an on-call Therapist.

CONFIDENTIALITY: Christine Tronge, LCSW follows all ethical standards prescribed by State and Federal Law. Ms. Tronge is required by practice guidelines and standards of care to keep records of your counseling/psychotherapy. These records are confidential with the exceptions noted below and in the Notice of Privacy Practices provided to you.

Discussions between a therapist and a client are confidential. No information will be released without the client's written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: child abuse; abuse of the elderly or disabled; abuse of patients in mental health facilities; sexual exploitation; AIDS/HIV infection and possible transmission; criminal prosecutions; child custody cases; suits in which the mental health of a party is in issue; situations where the therapist has a duty to disclose, or where, in the therapist's judgment, it is necessary to warn or disclose; fee disputes between the therapist and the client; a negligence suit brought by the client against the therapist; or the filing of a complaint with the licensing or certifying board. If you have any questions regarding confidentiality, you should bring them to the attention of the therapist when you and the therapist discuss this matter further. By signing this Information and Consent Form, you are giving consent to the undersigned therapist to share confidential information with all persons mandated by law and you are also releasing and holding harmless the undersigned therapist from any departure from your right of confidentiality that may result

DUTY TO WARN/DUTY TO PROTECT: If my therapist believes that I (or my child if child is the client) am in any physical or emotional danger to myself or another human being, I hereby specifically give consent to my therapist to contact the any person who is in a position to prevent harm to me or another, including, but not limited

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to, the person in danger. I also give consent to my therapist to contact the following person(s) in addition to any medical or law enforcement personnel deemed appropriate:

Name, Relationship and Telephone Number

INCAPACITY OR DEATH: I understand that, in the event of the death or incapacitation of the undersigned Therapist, it will be necessary to assign my case to another Therapist and for that Therapist to have possession of my treatment records. By my signature on this form, I hereby consent to another licensed mental health professional, selected by the undersigned Therapist, to take possession of my records and provide me copies at my request, and/or to deliver those records to another therapist of my choosing.

COMMUNICATIONS:

By signing below I understand that my therapist cannot guarantee my confidentiality when communicating with me via any electronic medium: e.g., email, voice mail, fax, text, and etcetera. However, in checking the boxes below I am indicating that my therapist may use the above means to reach me regarding: information about my appointment time, conduct a wellness call, send "homework" assignments, confirm appointments, send insurance information, request renewals of consents and similar communications.

- Emails
- Texts

- Voice Mails
- Faxes

CONSENT TO TREATMENT: By signing this Client Information and Consent Form as the Client or Guardian of said Client, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receiving mental health assessment, treatment and services for me (or my child if said child is the client), and I understand that I may stop such treatment or services at any time.

Signature – Client/Parent

Date

Signature – Spouse/Partner/Parent

Date

Christine Tronge, LCSW—Therapist

Date

I hereby authorize the release of necessary medical information for insurance reimbursement purposes.

Client/Parent

Date