

Angela Costello LMFT

CONFIDENTIALITY AGREEMENT AND INFORMED CONSENT FOR THERAPY SERVICES

Angela Costello abides by California's legal and ethical requirements to maintain confidentiality of all clients. Information pertaining to the client will only be released with the written authorization of the client, or if mandated by law.

Therapy is a process, not a quick fix. The work done with the therapist must be applied by the client between sessions in order to be most effective. An honest relationship between the therapist and client is crucial in being able to meet treatment goals. When receiving therapeutic services, clients must understand that there are risks and benefits. As clients build more awareness around their issues and begin making changes, they may experience changes in their relationships, mood, or have strong urges to return back to old behaviors. In order for therapy to be effective, the client must participate consistently and inform the therapist of any change or disturbance.

Each client's experience is different. Some clients experience a gradual change that is subtle and noticeable throughout the course of treatment. Others experience a "breakthrough," or clearly noticeable shift in their personal growth. Improvements may range from a moderate reduction in anxiety to a much deeper emotional connection with a family member for the very first time. Most clients seek therapy when there is already a crisis. Therefore, it is important to understand that to find resolution and eventual serenity will take time and effort. When a client actively participates in therapy (attending sessions on a consistent basis, applying learned skills and tools between sessions, practicing rigorous honesty), there is greater probability of life-enhancing change and experiencing serenity.

By signing below, I am consenting to receive therapeutic services from Angela Costello. I understand that Angela Costello will assist me in achieving goals that will be determined collaboratively. I understand that achieving goals is a process and may take more than one session to see results. By signing this form I understand that this is not a quick fix. I understand that Angela Costello assumes no responsibility and/or liability for my results. Everyone's sessions and results are different. Results will vary depending on many factors such as, but not limited to, the degree of difficulty of goals, environmental factors and the client's efforts. I may discontinue services with Angela Costello at any time. As the client, I will be responsible for paying for any services that I have already received. I am aware that there is a 24 hour cancellation policy.

Angela Costello provides coaching sessions via face to face, phone or Skype. These sessions are non-therapy sessions. They are not available for situations related to crisis. They are offered for clients upon request for the purposes of life coaching, general emotional support and guidance. These sessions are available exclusively on a private pay basis.

In case of any emergencies please go to the Emergency Room at your nearest hospital or call 9-1-1.

Client's Signature

Angela Costello LMFT #53654
angelamariacostello@gmail.com
www.angelacostello.us
818-470-9932

Date

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Angela Costello LMFT

FINANCIAL POLICY

Angela Costello accepts private pay and is contracted with Cigna Insurance. Payment is collected on the day of each session and is accepted in the form of cash, credit card, or check made payable to “Angela Costello.” The “24 hour cancellation policy” is as follows: you must cancel within 24 hours prior to the session in order to avoid being charged the session cost. Upon request, you will be provided with a receipt for therapeutic services rendered. You may inform Angela at every session the method you choose to pay for services (cash, check, credit card). Clients paying privately will be responsible for the standard rates listed below. If you have insurance other than Cigna, you will be responsible to pay out of pocket and you may contact your medical/mental health insurance carrier directly about possible reimbursement.

Pay Rates:

Individual Therapy Session (50 minutes) \$175

Skype Coaching (Non-Therapy) Session \$175

Couples/Family Therapy Session (50 minutes) \$200

Court Appearances \$200 per hour

I am not an expert witness and will only participate in court as required by a court order.

Return Check Fee \$35

Insurance: Client will be responsible for their co-pay/co-insurance. If insurance status changes, client must inform Angela Costello for any updates or changes to payment to take effect.

Credit Card Information To Be Kept On File (**Optional**): I authorize the use of this card to pay for my sessions, which will be charged on the day of my scheduled appointment: Yes / No

Private Pay/Co-Pay Card Information (Optional):

Credit Card Number

Billing Zip Code

Exp Date

3-4 Digit Security Code

Circle One:

Visa/MC/AMEX/Disc

Cardholder's Signature

Date

Insurance Information (If Applicable):

ID Number

Insurance Carrier

I have read and understand this Financial Policy, and agree to its guidelines.

Client Signature

Date

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PERSONAL INFORMATION FORM

Name	Date of Birth	Age
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Spouse/Partner's Name	Date of Birth	Age
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Address

Phone Number	Email Address
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Current Occupation	Employer
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Emergency Contact	Relationship to Client	Phone Number
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Referred By (Friend, Psychology Today, Doctor, Teacher, Etc.)

Religious Affiliation

Education

Marital Status

Primary Relationships/Family Members:

Name	Age	Relation to You	Lives With You (Y/N)
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Number of Previous Marriages: _____

Medical/Treatment History:

Is the client currently under the care of a physician? _____ Reason? _____

Angela Costello LMFT

Date of Last Medical Check-Up: _____

Current Medical Concerns: _____

Current Prescribed Medications: _____

Prescribed By: _____

Past Medical Issues/Hospitalizations/Head Injuries: _____

Significant Weight Changes: _____

Significant Sleep Disturbances: _____

Current or Past Substance/Drug/Alcohol Use: _____

Current or Past Suicidal Thoughts: _____

Current or Past Homicidal Thoughts: _____

Any Major Losses/Traumatic Events in the Client's Lifetime: _____

Has the client ever received therapy in the past? Yes / No Reason? _____

Prior Counselor/Therapist's Name: _____

Main reason for seeking therapy or coaching services now:

Client Signature

Date

**All information completed on these forms is confidential. It is intended for therapeutic or coaching purposes only for services provided by Angela Costello.