



COUNSELING AGREEMENT

Richard Yu, LPC | CommonHealth

Nature of Counseling

Counseling is a collaborative process designed to help clients address emotional, behavioral, and relational challenges. While therapy can lead to significant personal growth, there is no guarantee of specific outcomes. You have the right to ask questions and discontinue services at any time.

Appointments & Cancellations

Sessions are typically 45-60 minutes. If you need to cancel or reschedule, 24-hour notice is required. No-shows or late cancellations may result in a fee.

Fees & Payment

Session Fee: *\$150.00 for individual, \$175.00 family, \$100.00 DBT group*

Payment is due at the time of service unless otherwise arranged. Accepted forms include credit/debit card or Venmo.

Confidentiality

Your information is confidential and will only be released with your written consent, except where required by law (e.g., risk of harm to self/others, abuse, or court order).

HIPAA Acknowledgment

By signing below, you acknowledge receipt of the Notice of Privacy Practices and consent to the collection, use, and disclosure of your health information for treatment, payment, and healthcare operations in compliance with HIPAA regulations.

Credit Card Authorization

I authorize CommonHealth and Richard Yu, LPC, to charge my credit/debit card for professional services rendered and any outstanding balances, including no-show or late cancellation fees.

Card Type: ☐ Visa ☐ MasterCard ☐ AmEx ☐ Other

Cardholder Name: _____

Last 4 Digits of Card #: _____

Expiration Date: _____ / _____

Billing Zip Code: _____

This authorization will remain in effect until revoked in writing.

Assignment of Benefits (AOB) Agreement

If applicable, I authorize my insurance benefits to be paid directly to Richard Yu, LPC, and CommonHealth for services rendered. I understand I am financially responsible for any charges not covered by insurance, including deductibles, co-pays, and services deemed non-covered or out-of-network.

Consent to Treatment

I have read, understand, and agree to the terms outlined above. I voluntarily consent to participate in counseling services with Richard Yu, LPC.

Client Name (Printed): _____

Client Signature: _____

Date: _____

Parent/Guardian Signature (if minor): _____

Date: _____



AUTHORIZATION FOR RELEASE OF INFORMATION (ROI)

Client Name: _____

Date of Birth: ____ / ____ / ____

Phone Number: _____

I hereby authorize **CommonHealth and Richard Yu, LPC** to:

☐ Release To ☐ Obtain From ☐ Exchange With

Name/Organization: _____

Address: _____

Phone: _____

Fax/Email (optional): _____

Information to be Shared (check all that apply):

- ☐ Full Clinical Record
- ☐ Diagnosis & Treatment Plan
- ☐ Session Attendance
- ☐ Medication Information
- ☐ Progress Notes (requires separate initials) → _____
- ☐ Other: _____

You may revoke this authorization in writing at any time. Revocation does not apply to information already released.

Client Signature: _____

Date: _____

Parent/Guardian (if minor): _____

Relationship: _____

Date: _____
