

Information and Consent to Service

Your Rights as a Client: I assure you that my services will be rendered in a professional manner consistent with accepted legal and ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know.

Cancellation: Your session is reserved for you. In the event that you will be unable to keep an appointment, please notify me at least 24 hours in advance, so that someone else may utilize this time. In the absence of your notification, you will be billed for the missed session. Also, if you are absent for three consecutive sessions, I may ask to terminate our counseling relationship, and provide you with appropriate referrals.

Records and Confidentiality: I cannot disclose or release any information about you or your file to any third parties unless I receive your signed authorization in writing permitting me to do so. This does not apply if disclosure is required or allowed by law.

Use of Technology: Many clients choose to use cell phones, cordless phones, faxes, email and computers to communicate with me. It is important for you to know that these methods come with additional risks. I cannot guarantee confidentiality when you and I are communicating via cell phone, email or computer or text messages. By understanding the inherent risks of the aforementioned devices, you can make an informed choice about whether to use those tools.

If You Need to Contact Me: I do not provide crisis counseling and I will not be available at all times. If you have an emergency, crisis or you are in need of immediate support, you should call 911 or go to your nearest hospital.

Informed Consent:

By signing below, I (parent/s or legal guardian) of _____ (Name of Child)
D.O.B. _____ agree that I have read or have had read to me, and fully understand the above information, and agree to the terms of therapy stated above. My signature indicates that I am giving my consent to Yanqing Teng RP, to treat me in therapy and any of my minor children whom I bring to therapy.

Name of parent/legal guardian: _____
Signature of parent/legal guardian: _____ Date: _____

Name of parent/legal guardian: _____
Signature of parent/legal guardian: _____ Date: _____

Signature of child (If over the age of 12): _____ Date: _____