

Anger Management 818

Participant Information, Registration and Authorization Form

Participant Information			
Full Name:		Home Phone:	
Home Address:		Work Phone:	
City:	Zip:	Alternate #:	
How did you hear about us? <input type="checkbox"/> Google <input type="checkbox"/> Craigslist <input type="checkbox"/> Court <input type="checkbox"/> Attorney <input type="checkbox"/> Therapist <input type="checkbox"/> Other _____		Date of Birth:	Age:
*Email: <input type="checkbox"/> Yes, I would like to receive newsletters.			
Employer Information <i>(if needed)</i>			
Company:			
Address:		City	Zip:

*Emergency Contact information:		
Emergency Contact Name:		
Emergency Contact Phone:		
Address:	City	Zip:
Relation To Client:		

ANGER MANAGEMENT 818

Agreement to Participate

• Beverly Hills • Glendale • Hollywood • Pasadena • Sherman Oaks • Studio City • Valencia •
• West LA • Woodland Hills •

Phone: (818) 990-0999 Fax: (818) 783-2927

General Information

Participation in these classes is a mutual endeavor to which the facilitator contributes knowledge and skill in anger management and to which, you, the participant, bring specialized personal knowledge and a commitment to work on your own problems. The goals of anger management include but are not limited to increasing communication and stress management skills, and exploring and practicing emotional intelligence. General goals include promoting a greater self-awareness of feelings, motivations, behavior and interactions with other persons in your life. This awareness and understanding will hopefully promote clarification of personal goals, values and priorities and, thus, enable you to cope with life's tasks in a more directed and fulfilling manner. The results of participating in this program are not guaranteed. Your participation may lead to results that were not originally intended.

The facilitator may provide feedback to you in order to generate insight and provide new coping skills. At times, this may involve confrontation of certain beliefs, attitudes, or behaviors as a device that will allow for risking new behaviors beyond the present level of function.

Many factors may influence the effectiveness of anger management programs, and your facilitator will continually monitor your progress and make adjustments as necessary. You can improve the effectiveness of your participation by attending classes regularly. It is also possible that you and/or you family members may experience changes as a result of your class involvement; these changes may be undesirable or uncomfortable. Change can be uncomfortable in and of itself, and change can upset a given family system or equilibrium. Any concerns in this regard should be discussed with your facilitator.

Payment for Services

By signing this agreement, you will agree to register for Anger Management classes/meetings with Anger Management 818. You understand that the fees are as follows:

Class Fees

\$70 for an intake

\$20-\$40 per session (depending on the class and location).

Executive Coaching

\$250 for an intake and each session with the Director of Anger Management 818.

\$200 for an intake and each session with a Licensed Clinician.

\$125 for an intake and each session with a Pre-Licensed Clinician (an MFT Intern).

\$100 for each session with our Certified Anger Management Facilitators (Non-Clinician).

A minimum \$15.00 service charge will be charged for any checks returned by the bank for any reason for special handling. A minimum of \$30 will be charged for any dispute with Paypal, in addition to the amount disputed.

If you are late, you may lose some of that class time or you may not be able to attend that time. Please plan to arrive approximately 5-10 minutes before your class starting time and be prepared to pay your fees before the class starts.

If you have a one on one scheduled session, there is a 24-hour cancelation policy. If you do not cancel directly with your counselor 24 hours in advance, you will be charged the full session fee.

Confidentiality

The Anger Management 818 treatment team meets regularly to discuss clinical concerns. In order to ensure the best care and safety of program participants, your information is never shared outside our team unless you authorize the release in writing or we are legally obligated to report. The meeting content and all relevant materials to your program participation will be strictly held confidential unless you request in writing to have all or portions of such content released to specifically named person/persons. Limitations of the privilege of confidentiality exist and are itemized below:

1. If a participant threatens or attempts to commit suicide or otherwise conducts him/herself in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a participant threatens grave bodily harm or death to another person.
3. If the facilitator has a reasonable suspicion that a participant or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. If the facilitator has a reasonable suspicion that an elderly or dependent adult has been abused (including physical, sexual, financial abuse, or by neglect or isolation).
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If participation is by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.
8. If a participant involves a facilitator in a conspiracy to commit a crime or a conspiracy to avoid detection from prosecution.

Agreement to Participate

I, _____, have been provided a copy of this form when registering online. I have been given the opportunity to have any and all questions answered relevant to my participation in the Anger Management Program. I understand that this is an educational program, and not a form of psychotherapy or counseling.

I acknowledge that Anger Management 818 has no responsibility to enforce the court ruling and my attendance. I understand that it is my responsibility to attend classes and to complete the program in the amount of time allocated by the courts.

I understand that my facilitator may consult with other professionals in the field in order to plan and prepare for the classes, as well as to meet the specific needs of each participant. I have been advised regarding the limits of maintaining privacy and confidentiality.

I have read and understand the information contained in the Participant Information Sheet. I have been given the opportunity to have any and all questions answered relevant to my proposed participation.

Participant's Signature

Date

Intake Facilitator's Signature

Date