**Glendale • Pasadena • Sherman Oaks • Larchmont • Woodland Hills**

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

**PARTICIPANT INFORMATION, REGISTRATION, AND AUTHORIZATION FORM**

**Participant Information**

Full Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer Information (If needed)**

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

Emergency Contact Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone #\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to client\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGREEMENT TO PARTICIPATE

**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 expertise 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 greater self-awareness of feelings, motivations, behavior, and interactions with others 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. Even though your participation may lead to results that were not originally intended, practicing skills between sessions will help increase the likelihood of achieving your goals.

The facilitator may provide feedback to help you generate insight and develop new coping skills. At times, this may involve confronting certain beliefs, attitudes, or behaviors as a means to risk new behaviors beyond the current level of function.

Several factors may impact the effectiveness of anger management programs, and your facilitator will continually monitor your progress and make adjustments as needed. You can improve the effectiveness of your participation by attending classes regularly. It is also possible that you and/or your 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 agree to register for Anger Management classes/meetings with Anger Management 818. You understand that the fees are as follows:

**Class Fees**$70 for a 25-30 minute intake

$30 per virtual group session or $40 for in-person groups.

$21 for the book, which can be purchased from Amazon. This is a requirement to attend before your second class.

**Executive Coaching**$400 for an intake and each session with the Executive Director of Anger Management 818

$300 for an intake and each session with a Licensed Clinician.

$200 for an intake and each session with a Pre-Licensed Clinician (an Associate MFT) and/or Certified Anger Management Instructor.

A minimum of $30 will be charged for any dispute related to credit card charges, in addition to the disputed amount.

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

**Litigation Limitations and Fees:**Should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney(s), nor anyone else acting on your behalf will call on your facilitator to testify in court or at any other proceeding, nor will disclosure of the anger management records be requested unless otherwise agreed upon. Any request for reports must be discussed and agreed upon in advance with the counselor at the start of your treatment. Please note that fees for written reports, excluding progress and verification reports, do apply.

Participants are discouraged from having their counselor or records subpoenaed for litigation. Even though the participant is responsible for the testimony fee, it does not mean that the testimony will be in the participant’s favor. Testifying is only based on facts and the professional opinion of the counselor.

Although we do not provide custody evaluations or expert witness testimony, if your counselor receives a subpoena, a one-week notice of any requested court appearance is required to provide the necessary time to reschedule clients. Please note that an additional $300 express charge will be applied if there is less than a one-week notice for appearance in the courtroom.

Fees related to court action are as follows:

1. Preparation Time (including submission of records): $400/hour (billable in 30-minute increments)
2. Phone calls/ virtual meetings: $300/hour (billable in 15-minute increments)
3. Depositions and/or giving testimonies: $500/hour for the specific hour required. If a general day is required, a fee of $ 2,000 will be charged. A “general day” can include the therapist being physically present at court for the day, as well as the counselor being asked to remain on standby for the day, even if the appearance is virtual. Any travel time required will accrue a fee of $300/hour.
4. All attorney fees and costs that the company incurs as a result of the legal action are the participant’s responsibility. This includes consultations and conversations with attorneys, psychiatrists, and other professionals as they pertain to the case.
5. The minimum charge for any physical court appearance, not including transit time, is $2000

A retainer of $2000 is due at least 72 business hours before the scheduled court appearance, and we do NOT work on a contingency basis. If your counselor is subpoenaed, and the case is continued with less than 48 business hours' notice before the beginning of the day of the scheduled court appearance and/or testimony, then you will incur an additional charge of $2500, which must be paid 24 hours before the required appearance. All fees listed above are doubled if the counselor is scheduled to be on leave or out of town, and must therefore return from or cancel their leave to accommodate the subpoena. Alternatively, the counselor may accommodate a request for a virtual appearance for the regular hourly or daily fee.

**Good Faith Estimate**

You have the right to receive a “Good Faith Estimate” explaining how much your medical and mental health care will cost.

Under the law, healthcare providers must provide patients who don’t have insurance or are not using insurance with an estimate of the expected charges for medical services, including psychotherapy services.
You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy services.

You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service.

If you receive a bill that is at least $400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises.

**Program Policies**It is your responsibility to review the program policies and follow them to the best of your knowledge. The policies are outlined in the online enrollment, and they will be provided to you by your counselor in your welcome packet. Please remember that if you are more than 5 minutes late, you will not be permitted to attend the group. For in-person classes, plan to arrive approximately 5-10 minutes before starting time and be prepared to pay your fees before the class begins (2-3 minutes early for virtual classes is sufficient). If you are attending as a volunteer, you may be required to sign a separate form declaring your volunteer status. As a volunteer, you would have the right to take more than one class per week, but you would waive your right to receive any written documentation that you have done so.

**Confidentiality**The Anger Management 818 treatment team meets regularly to discuss clinical concerns. To ensure the best care and safety of program participants, your information is never shared outside our team unless you authorize its release in writing or we are legally obligated to report it. The meeting content and all relevant materials related to your program participation will be strictly held confidential, unless you request in writing that all or portions of such content be released to a 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, 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 was provided a copy of this form when I registered online. I have been given the opportunity to have any 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 or my attendance. I understand that it is my responsibility to attend classes and complete the program within the time allocated by the courts.

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date