

GROUPWORKS WEST
Client Awareness Form

I, _____, have applied for mental health services for my child, _____, with Christopher Mulligan, MSW (License # LCS 18188) or Groupworks West, Inc.. I understand and agree to the following conditions:

1. No information or reports will be released without my specific written consent, except in the following cases:
 - a. In the event of a medical or psychiatric emergency, I authorize Christopher Mulligan to obtain or release information to physicians, psychiatrists or emergency service agencies as needed to handle an emergency.
 - b. I am aware that California State law requires that Christopher Mulligan report any incidents of suspected child abuse and intention to injure self or other people.
 - c. I am aware that noncustodial parents have the right to information about their children's treatment (including records).
 - d. I am aware that, in some circumstances, Christopher Mulligan's records may be subpoenaed by the Court.
2. **Fee Schedule: \$ 125.00 evaluation fee; \$ 90.00 per session fee for group treatment; \$165.00 per hour for parent consultation; \$90.00 per hour for school and home visits (2 hour minimum).**
 - a. I will pay these fees using either a Visa or MasterCard.
 - b. If I have insurance and want to file such claims for reimbursement, I understand that Christopher Mulligan is required to indicate dates of service, procedure code, charge, and diagnosis on the insurance claim.
 - c. I understand that I am fully responsible for payment of all fees. I understand that unpaid or delinquent fees may be turned over to a collection agency.
 - d. I understand that appointments are 50 minutes in length. I will give 24-hour notice to cancel an appointment that has been made. I understand that I will be charged the full amount of the session if I cancel with less than 24 hours notice. Christopher Mulligan will make every effort to reschedule your appointment in the event of illness; however, if the appointment cannot be rescheduled, I understand that I am financially responsible for the cancelled session.
4. I understand that I will be billed for telephone calls that exceed 5 minutes in duration. I will be billed at a percentage of my hourly rate.
5. I understand that Christopher Mulligan does not provide 24-hour per day on-call emergency services. In case of an emergency, I may page Mr. Mulligan and he will return the call as soon as possible. In a crisis I understand that Christopher Mulligan may be unable to respond to my emergency immediately and I may therefore have to call 911 or another emergency service (e.g., hotline number).
6. I understand that I will be informed about the course of my treatment. I also understand I am free to terminate therapy at the time of my choosing.
7. I understand that Christopher Mulligan is a trained in the field of social work. I understand Christopher Mulligan is not a medical doctor and therefore cannot prescribe or recommend medication.

Client Signature

Date
