

Dr. Karen Quek, PhD
Licensed Couple & Family Therapist #: 40805
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EMPOWERING SELF, ENRICHING RELATIONSHIPS

PhD. Marital & Family Therapy, Loma Linda University 2004
M.S. Marriage, Family & Child Counseling, California State Fullerton 1993
M.A. Christian Education, Biola University 1990

Information for Clients & Informed Consent

I am pleased you have chosen me as your therapist; I am committed to giving you the best care possible. As a licensed couple and family therapist, I will work to help you create healthy relationships in your life and view life from a systemic perspective. This means that collaboratively, we will look to the current and past contexts of your life to examine both your strengths as well as your relationship difficulties. You have the right to know about your care, and I will work with you to develop a plan of treatment to meet your goals. Know that you have the right to refuse treatment and that it is your responsibility to choose the provider and treatment modality to meet your needs. I am providing this information so you will be fully informed about me and the treatment process, and so you can give consent to treatment. Also, please be informed that the clinical services I provide are independent of my employment at Pepperdine University. The University cannot be held responsible for the psychotherapy services that you receive from me as a licensed clinician.

To acquaint you with the procedures and policies, I am providing the following information.

Messages and Emergencies: If you need to contact me between sessions, please leave a message with my voicemail by dialing 714-394-2755 or email at therapy@karenquek.com. I check my messages and emails several times during weekly office hours; however weekend messages may not be responded to until Monday. When I am out of town or otherwise unavailable, a qualified professional will cover for me by checking with my answering service. If you need immediate assistance, please call the Orange County HelpLine at 800-832-1200 or 911.

Cancellation/Missed Appointment: The scheduling of an appointment involves the reservation of time specifically for us. To avoid being charged for a missed session, please inform me of your cancellation at least 24 hours in advance. Otherwise you are subject to the full charge for your appointment. In the evenings and on weekends, you may leave a message on my voice mail (714-394-2755). If you are late for any reasons, you will receive the remainder of your scheduled time.

Payment: You are fully responsible for all services rendered. Full payment is expected at the time of service, unless other contractual arrangements apply. I charge \$120-\$200 per 50-minute session. See "Fee Schedule" in karenquek.com for the charges. I accept payment with Zelle via Karen Quek with phone # 714 394 2755.

Course of Treatment: The course of treatment including risks associated with treatment, number and frequency of sessions, and ending of therapy will be determined by your needs and progress. While there is an expectation that you will benefit from psychotherapy, there is no guarantee that this will occur.

Maximum benefit could occur with consistent attendance and that at times you may feel conflicted about your therapy as the process can sometimes be uncomfortable.

Insurance: Clients who carry insurance should remember that professional services are rendered and charged to the client and not to the insurance company. If you have insurance coverage for out-patient psychotherapy, I can provide you with a superbill that includes the diagnosis. You can send this bill to your insurance company to get reimbursement for your payments.

Confidentiality: All information disclosed within sessions, including that of minors, is confidential and may not be revealed to anyone without written permission except where disclosure is permitted or required by law. Confidentiality also applies when I see one partner of a couple alone, and he or she reveals information to me and explicitly lets me know that he or she does not want the other to know. I will keep that information confidential. However, if the confidential information is central to couple therapy, I will work with the partner revealing that information to me in order to resolve the situation so that couple therapy can proceed. If one partner wants information about couple therapy disclosed, normally both partners will be required to provide written permission. Disclosure is required in the following circumstances: i) When there is reasonable suspicion of abuse to a child or to a dependent or elder adult; ii) When the client communicates a threat of bodily injury to others; iii) When the client is suicidal; iv) When the client has been physically injured due to violence; v) When disclosure is required pursuant to a legal proceeding.

Also if you choose to have your physician, pastor, or other individual informed of your therapy, it will be necessary to complete a "Release of Information" form that will be kept on file. I believe it will be to your benefit to work collaboratively with other professionals, when needed.

I receive occasional professional consultation. In such cases, neither your name nor any identifying information about you is revealed. Please see **HIPPA Notice of Privacy Practices**, which I will provide you, for further information about confidentiality and disclosure of health care information

Termination: If at any point, I determine that I am not able to provide the exact services you require, I will discuss this with you and if appropriate, will terminate treatment. You will receive a number of referrals which may be of help to you. You have the right to terminate therapy at any time.

Notice to Clients: The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of marriage and family therapists/professional clinical counselors. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

Consent: By signing below, I/we fully agree to the conditions stated above and hereby give my/our consent for treatment for myself/us or for the minor under my legal custody. I have been provided a copy of this form.

Printed Name of Client(s)/Guardian

Date

Signature (s)

Date