



CONSENT FORM FOR PSYCHOLOGICAL ASSESSMENT

I. Confidentiality

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of this assessment process. Your psychologist cannot and will not tell anyone else what you say, or even that you are here at our Center without your prior written permission. Your psychologist may speak to another health care provider without your prior consent, but your psychologist will not do so unless the situation is an emergency. Your psychologist will always act so as to protect your privacy. You may direct your psychologist to share information with whomever you chose, and you can change your mind and revoke that permission at any time.

If you elect to communicate with your psychologist by email, please be aware that email is not completely confidential. All emails are retained in the logs of your or our internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider.

The following are legal exceptions to your rights to confidentiality. Your psychologist will inform you any time he/she thinks any of the following are relevant.

1. If your psychologist has good reason to believe that you will harm another person, he/she must attempt to inform that person and warn them of your intentions. Your psychologist must also contact the police and ask them to protect your intended victim.
2. If your psychologist has good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give your psychologist information about someone else who is doing this, your psychologist must inform Child Protective Services within 48 hours and Adult Protective Services immediately.
3. If your psychologist believes that you are in imminent danger of harming yourself, your psychologist may legally break confidentiality and call the police or the local crisis team. Your psychologist will explore all other options with you before he/she takes this step. If at that point you are unwilling to take steps to guarantee your safety, your psychologist will call the crisis team to ensure your safety.

II. Other Rights

You have the right to ask questions about anything that happens during this assessment process. We are always willing to discuss why we are doing what we are doing, including how we made those decisions for this evaluation.

Your Responsibilities as a Client

Honesty. The purpose of psychological assessment is to determine your emotional and behavior status and needs across a variety of domains and areas, including those in home, school, and community settings. It is thus important that you put forth your best effort and provide as honest responses as possible.

Cancellation Policy. As with many organizations, we have a cancellation policy in place that you should be aware of. You are responsible for informing our Support Staff in advance when you need to cancel or reschedule your appointment. This can be done via email (support@SeoulCounseling.com) or via phone. Notifying us in advance is important so that our therapists are able to provide services to other clients at that time.

- **Late Rescheduling/Late Cancellation Fee.** If you reschedule or cancel your appointment *after 6pm on the day prior to your session (for example, after 6pm on Friday for your Saturday appointment)*, this is considered a 'Late Rescheduling/Late Cancellation,' for which you will be charged a 'Late Rescheduling/Late Cancellation' fee of **50,000 won**. In order to avoid this fee, please notify our Support Staff *prior to* that time if you need to cancel or reschedule your appointment.
 - **No Show Fee.** If you do not show up for your session without notifying us in advance, or if you call us to cancel your session *within 3 hours prior to your session (for example, if you call us to cancel after 12pm for your 3pm appointment)*, this is considered a 'No Show,' for which you will be charged a 'No Show' fee of **100,000 won**. In order to avoid this fee, please notify our Support Staff *prior to* that time if you need to cancel or reschedule your appointment.
 - Please note that, even if you have health insurance covering services at our Center, most insurance companies do not cover late cancellation/no show fees, and so you will be responsible for these fees even if you have insurance.
 - Reasonable exceptions will be made to these Late Cancellation & No Show fees, depending on one's circumstances. We may request official documentation, such as a doctor's note, for these exceptions.
- Please check this box** indicating that you are aware of, understand, and agree to the Cancellation Policy above.

Payments. You are responsible for paying 50% for the total Assessment Fee on the *first day* of your assessment at our Center, and then the remaining 50% of the Assessment Fee on the day of the *Assessment Results Meeting* (which is typically held several weeks later), unless we have made other payment arrangements in advance. If you are using insurance to cover services from our center, you are responsible for any fees not covered by your insurance company.

Client Consent

I have read this consent form, I had sufficient time to be sure that I considered it carefully, I asked any questions that I needed to, and I understand it. I agree that this agreement has been set forth in English and the English language shall prevail over any translation hereof. Any dispute arising out of or in connection with this agreement shall be resolved in the Korea legal system.

If I have any remaining questions, I may ask them now. I understand the issues of confidentiality, my rights and responsibilities as a client, and my therapist's responsibilities to me. I understand everything above, and I agree to receive services at the Center.

Child's Name (please print): _____

Child's Signature: _____

Today's Date: _____

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____

Today's Date: _____