

Dr. Bertie Wai, PSY.D
Clinical Psychologist
10/F, Central Building, 1-3 Pedder Street
91474234

OFFICE POLICIES AND PROCEDURES

CONFIDENTIALITY: All information discussed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission. There are two exceptions where disclosure is required in accordance with professional ethics: (1) if there is a reasonable suspicion that a child, dependent adult, or elderly adult has been abused, or (2) if there is a reasonable suspicion that the client (you or your child) presents a danger to self or others. Disclosures may also be required pursuant to legal proceeding or in the case of medical emergency. In couples and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Dr. Wai will use her clinical judgment when revealing such information. For any voluntary disclosure, Dr. Wai would discuss with you its purpose and a written Release of Information is to be signed by you before such disclosure can be permitted.

TIME: A therapy/consultation session lasts 50 minutes. It begins and ends at our mutually-agreed time. If you are late for your session you will still be charged for the full session, and the session will end at the scheduled time.

TREATMENT FREQUENCY: The frequency of sessions is determined by your particular situation, can be adjusted throughout the course of treatment, and will be discussed in the initial session.

FEES: Fee is an important aspect of our work together and it will be discussed in the initial consultation session. The standard fees for each 50-minute therapy/consultation session are as follows: \$1400 for individual therapy and consultation, \$1600 for couples therapy, and \$1800 for family therapy. The fee is due at the end of each session unless alternative payment arrangements are made.

Telephone communication with you or any important individuals in your life, as permitted by you in writing, may become necessary. In such case, a fee might apply to telephone communications that are extensive. Fees may also apply for requests to create and/or review extensive written materials including lengthy emails, reports, and documentation (including but not limited to letters, policies, or procedural documents), as well as when additional services are indicated (e.g., school or home visits).

CANCELLATIONS: A minimum of 24 hours notice in advance is required for rescheduling or cancellation of an appointment. If for any reason a session is cancelled or missed without giving 24 hours advance notice, the full fee will be charged.

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TELEPHONE AND ELECTRONIC COMMUNICATIONS: If you need to contact Dr. Wai between sessions, please leave a message at 91474234 and your message will be returned as soon as possible. Due to risks for unauthorized access on the internet and the importance of your confidentiality, Dr. Wai uses email to address initial inquiries from prospective clients, including office policy and consent agreement, but minimizes the use of communicating client-related or highly sensitive material via email.

EMERGENCY: If there is an emergency during our work together, or after termination where Dr. Wai becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever she can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, she may also contact the person whose name you have provided as emergency contact.

If an emergency arises, please do not leave a message. Instead, please call Emergency Services 999, the Police Hotline 2527 7177, or Samaritans HK (24 hour hotline) 2896 0000 for immediate assistance.

LEAVE COVERAGE: When Dr. Wai is on professional or personal leave, she will give you advanced notice of such absences, and inform you about the name and contact number for the covering therapist while she is away. In case of an emergency, please call emergency services previously listed.

Please print your name, sign, and date if you have read, understood, and agreed to comply with the stated office policies. You can withdraw your consent and terminate your treatment at any time.

Client name (Print)	Signature	Date
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Client name (Print)	Signature	Date
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Dr. Bertie Wai

Signature	Date
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CLIENT CONTACT INFORMATION

Name: _____ Sex: _____ Date of Birth: _____ Age: _____

HKID Number: _____ Marital Status: _____ Years in Marriage: _____

Language Preferred: _____ Occupation: _____ Referred by: _____

Home Address:

Home Phone: _____ Can messages be left at this number: Yes/No

Work Phone: _____ Can messages be left at this number: Yes/No

Other Phone: _____ Can messages be left at this number: Yes/No

Best Time to Contact: _____

Known Medical Conditions and Medications (if any): _____

Previous Psychotherapy History and Major Concerns (if any): _____

Previous Therapist(s): _____

Substance Use and Frequency (if any): _____

Alcohol Use and Frequency (if any): _____

Other Pertinent Information: _____

Emergency Contact*: _____ (_____) _____
(Name) (Relationship to Client) (Phone Number)

* By providing this emergency contact, you have granted Dr. Wai the permission to contact this person in the case of physical, medical, or psychological emergency (please initial) _____

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