

# Life Works Anger Management/Parenting/Co-parenting

## Participant Information, Registration and Authorization Form

<b>Participant Information</b>			
Full Name:		Home Phone:	
Home Address		Work Phone:	
City:	Zip:	Alternate #:	
<b>How did you hear about us?</b> <input type="checkbox"/> Google <input type="checkbox"/> Craigslist <input type="checkbox"/> Court <input type="checkbox"/> Attorney <input type="checkbox"/> Therapist <input type="checkbox"/> Other_court provider list _____		Date of Birth:	Age:
<b>*Email:</b> <input type="checkbox"/> Yes, I would like to receive newsletters.			
Employer Information ( <i>if needed</i> ) N/A			
Company:			
Address:		City	Zip:

<b>*Emergency Contact information:</b>		
Emergency Contact Name:		
Emergency Contact Phone:		
Address:	City	Zip:
Relation To Client:		

## Life Works Agreement to Participate

4129 Main Street, Suite 200C  
 Riverside, CA 92501  
 Phone: (888) 490-0045  
 Lifeworks.lifecoach@gmail.com

## **General Information**

Participation in these classes is a mutual endeavor to which the facilitator contributes knowledge and skill in a which, you, the participant, bring specialized personal knowledge and a commitment to work on your own problems. The goals include but are not limited to increasing communication and stress management skills and exploring and practicing emotional intelligence. General goals include promoting a greater self-awareness of feelings, motivations, behavior and interactions with other persons 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. Your participation may lead to results that were not originally intended.

The facilitator may provide feedback to you in order to generate insight and provide new coping skills. At times, this may involve confrontation of certain beliefs, attitudes, or behaviors as a device that will allow for risking new behaviors beyond the present level of function.

Many factors may influence the effectiveness of anger management, parenting or co-parenting program you are enrolled. Your facilitator will continually monitor your progress and make adjustments as necessary. 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 will agree to register for one or more of the Anger Management, Parenting, or Co-parenting classes/meetings with Life Works Program. You understand that the fees are as follows:

Class Fees

\$50 for an intake/registration

\$25 each session

If you are late, you may lose some of that class time or you may not be able to attend that time. Please plan to arrive approximately 5-10 minutes before your class starting time and be prepared to pay your fees before the class starts.

## **Confidentiality**

The meeting content and all relevant materials to your program participation will be strictly held confidential unless you request in writing to have all or portions of such content released to 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, or by 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, \_\_\_\_\_, have been given a copy of this form. I have been given the opportunity to have any and all 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 Life Works Anger Management/Parenting/Co-parenting has no responsibility to enforce the court ruling and my attendance. I understand that it is my responsibility to attend classes and to complete the program in the amount of time allocated by the courts.

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

I have read and understand the information contained in the Participant Information Sheet. I have been given the opportunity to have any and all questions answered relevant to my proposed participation.

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Participant's Signature

Date

Intake Facilitator's Signature

Date