Julie Maccarin, PhD, OT/L

CHILD PSYCHOLOGY MARIN

(415) 785-3700

45 San Clemente Drive, Suite D220, Corte Madera, California, 94925

California Psychology License 29191 NPI 1760441794 EIN 82-3211381

INFORMED CONSENT FOR TREATMENT (revised January 2024)

Welcome to my practice ~

**The process of therapy . . . . .**

Therapy is a process that usually leads to better self-esteem, improved relationships, reduction in problem behaviors and decreased distress. Many different methods may be used to deal with issues that need to be addressed, depending on your child’s personality and the concerns or problems. Please understand that psychotherapy is both an art and a science. I am committed to doing the very best work for you and your child and I expect, as you do, that your child will make progress in the areas of concern during therapy. You should be aware that therapy sometimes arouses strong or uncomfortable emotions and in some cases, behavior can get worse before it gets better.

Both you and your child will be meeting with me at various times. Meetings with parents are a time for collaboration, during which you and I will work together to understand your child. During those meetings, I will inform you of issues that may arise in therapy and will expect you to share with me your concerns and observations about your child’s feelings, needs and behavior. I may make recommendations to you regarding parenting and other matters. In some cases an active effort on your part will be needed and you will be advised if this is necessary. Some children may wish to discuss what happens in therapy and if your child does so, that is fine, however, it is recommended that you not pressure your child to discuss their therapy with you.

If your child is involved in any important incidents or there are any major events that occur in your child’s life while he or she is in treatment here, please inform me by leaving a message on my voicemail prior to the next session. Also, if you have a change of address or phone number, or if your child is taking medication, and there is a change in that medication, or if your child is prescribed new medication, please let me know.

In order for the process of therapy to be effective, it is important that your child has regular therapy sessions. I do not make reminder phone calls so it is up to you to remember your child’s appointment. Please do your best to ensure that your child is present and on time for every appointment. I am only with your child for a short time each week and every minute counts. Because of my respect for each client’s reserved time, I do not extend sessions when clients are late. Therefore, if you arrive late, your child’s appointment time will be shortened.

If there are concerns about your child’s or your own comfort with me, please discuss this with me as soon as possible. If your concerns persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

**Information about confidentiality . . . . .**

I would like you to be aware of your right to confidentiality and my commitment to safeguard that right. The client-psychologist relationship is confidential and privileged, and is protected by both law and the ethical code of the American Psychological Association. Confidentiality is limited by law but protected health information may be shared under the following circumstances: court order or other legally mandated requirement for disclosure of information; to obtain needed services for you or your child, such as in the case of an emergency need for hospitalization; clear risk of harm to self or others; or suspected child abuse. Finally, disclosure of identifying information is permitted in order to obtain payment. If any of these circumstances occur, confidentiality protection will no longer be preserved. The document **Health Insurance Portability and Accountability Act (HIPAA)** is included on the website: ChildPsychologyMarin.com and further describes your legal rights.

This confidentiality agreement means that with the exception of the circumstances outlined above and in the HIPAA document, I will not disclose any identifying information about you or your child to others unless I have your signed consent. I take this confidentiality commitment very seriously. There may be times that I will try to reach you by telephone and if you are not available, I may want to leave a message for you. Please advise me in writing if you do not want me to leave messages at any of the phone numbers you have given me.

From time to time, I may wish to consult with other health care or educational professionals in order to enhance your child’s treatment. I cannot and will not communicate information about you or your child without your express permission in writing and I will request this from you in advance. I do understand that there may be reasons you may not wish me to speak to others about your child and I will respect your decision if this is your preference.

**In the case of parents who are separated or divorced . . . .**

My policy is not to work with children unless I have the consent (and preferably the cooperation) of both parents, or a legal document that states that you have the sole right to make decisions regarding your child’s health. This is for both ethical and practical reasons. Please advise me immediately if that is not possible. If you are divorced, I will need to obtain a copy of your divorce agreement for my records. If you do not have a copy of this document, you can obtain a copy of it from the Clerk of the Court in the county where your divorce decree was issued. If you are separated and have a legal custody agreement, I will need to obtain a copy of that agreement. In some circumstances, I may be able to see your child without the consent of both parents. Please discuss this issue with me if you have questions or concerns.

**Appointment policies and fees . . . . .**

After our initial phone contact, I will meet with the parent or parents of the child, without the child present. If there are two parents involved with the child, it is preferable for both parents to be present at this meeting if possible. This initial meeting is a time for you (and your partner or spouse, if applicable) to provide a picture of your child, the presenting problem or issue of concern, history of the issue, etc. as well as information about your family, including if two parents are involved, how you and your partner or spouse may understand and/or handle the child and the concerns similarly or differently.

Child therapy appointments are usually weekly or twice a week, depending on the child and the nature of the issue. Once scheduled, your child’s session time(s) is reserved for him or her. Child therapy appointments continue on the same day(s) and time(s) each week, unless you and I agree to make a change in this schedule. After our initial intake meeting, I will see your child three to four times, and then I will meet with you again for feedback and to make plans for needs going forward.

A 48-hour (2 day) minimum notice is required for cancellation. This will enable me to make that appointment time available for another child in need. If vacations or special events require your child to miss therapy, appointments can be rescheduled without charge as long as 48-hours notice has been given. MINOR ILLNESSES, APPOINTMENTS WITH OTHER DOCTORS, PLAY DATES, LESSONS AND OTHER SOCIAL ACTIVITIES DO NOT CONSTITUTE REASONS TO CANCEL YOUR CHILD’S THERAPY APPOINTMENT. I do realize that children get sick from time to time, however, because I specialize in seeing young children, I am unable to make exceptions for illness, unless your child is hospitalized. If you are unable to keep a scheduled appointment, due to illness or otherwise, and have not notified me at least 48 hours in advance, you will be responsible for payment for the session. Furthermore, if you miss an appointment without notifying me in advance, the time that has been reserved for your child will be released and a phone call from you will be needed in order to schedule a new appointment for your child.

If I need to cancel or reschedule an appointment, you will be informed as far in advance as possible. I also make every effort to be prompt for appointments. It is rare that you will have to wait for even five minutes past your child’s scheduled appointment time.

As of January 1, 2024 my fee for an intake appointment is $375.00. Children’s therapy sessions are 45 minutes; the fee for a child’s therapy session is $275.00. Meetings with parents last for 60 minutes and the fee for a parent meeting is $350.00. In cases of high conflict divorce, there is a surcharge of $40 per session. Fees are adjusted for longer sessions. If you become involved in legal proceedings that require my participation, the charge for preparation, in-court time, meeting with attorneys, traveling, etc. is $500.00 per hour or part thereof. PLEASE ADVISE ME IMMEDIATELY IF YOUR CHILD IS INVOLVED IN A LEGAL MATTER, OR IF YOU EXPECT THAT THERE WILL BE A LEGAL MATTER INVOLVING YOUR CHILD DURING THE TIME THAT YOUR CHILD WILL BE IN THERAPY.

I do not participate in any insurance plan and I require payment each session at the time of service. Payment can be made by Ivy Pay, cash or check. Information about Ivy Pay is included at the bottom of this document. Please let me know which payment method you prefer. If you have “Out of Network” benefits through your insurance company, I can provide you with a “Superbill” each month, at the first session of the following month. This “Superbill” is suitable for submission to your insurance company and includes diagnosis and codes for treatment, as required by the insurance company. Advise me immediately if you would like to be provided with a monthly “Superbill”. Please note however that my contract for your child’s treatment is between you and me, not between me and your insurance company. Also, please be aware that insurance companies do not reimburse for cancelled or missed sessions.

**If you need to contact me . . . . .**

If you wish to reach me, please call the office and leave a message on my confidential voice mail at (415) 785-3700 between the hours of 8 am and 10 pm. I do not answer the phone during sessions, except under extraordinary circumstances, and I do not generally take calls in the evening or on weekends or holidays. However, I do check messages and will return your call, usually on the next business day. I do not communicate with patients or clients by email, other than for administrative issues and scheduling. If you want to email me about scheduling, feel free to do so at [julie@childpsychologymarin.com](mailto:julie@childpsychologymarin.com) remembering that I may not receive it until the following business day. Please be aware that email may not be HIPPA compliant and is not guaranteed to be confidential. Because of this, I do not discuss clinical issues via email. Also, I may not check email regularly so if you need to let me know about an issue with your child, please leave a message on my office phone. If you are unable to attend a scheduled appointment at the last minute, please call my cell phone at (828) 808-2111 and leave me a message. If you have a psychiatric emergency or any emergency, please call 911 or go to the nearest emergency room. This office is not equipped to handle emergencies. If I am away for an extended time, you will be provided with the name and number of a colleague to contact, if needed.

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

I have read all of the information in the document **INFORMED CONSENT FOR TREATMENT**  (effective January, 2024) and I agree to abide by the terms stated herein during my child’s treatment. I give consent for my child to receive treatment from Dr. Julie Maccarin of Child Psychology Marin. I understand that I have the right to revoke this consent at any time by informing Dr. Maccarin in writing of my intent to do so. I also agree to make every effort to be on time for appointments and to ensure that my child is on time for every treatment session. I have provided phone number(s) for contacting me and I give permission for messages to be left for me at those phone numbers, unless I have informed Dr. Maccarin to the contrary in writing. I understand and agree that I am financially responsible for professional services rendered, including sessions missed with less than 48 hours notice. *This “***INFORMED CONSENT FOR TREATMENT”** *will expire on termination of treatment and after all claims for payment have been satisfied.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name Signature of Parent/Guardian Date

**Informed Consent for Telehealth……** In some cases (such as illness, out of town travel, for example) we may decide to hold one or more sessions virtually. In accordance with the California Board of Psychology, this part of the informed consent indicates that you are willing to receive therapy for you and/or for your child via telehealth.

Currently, the platform I use for telehealth is Google Meet, which is HIPAA compliant. However, please be aware that when using technology, there is always the possibility of a data breach and I will inform you immediately if this should occur or if there is any other unauthorized dissemination of data. I also need to inform you that there are some disadvantages of using telehealth for therapy, including the possibility of delay, disruption and/or interruption of sessions due to technological difficulties, possible risks to confidentiality and security due to data breach, and for some children, difficulty attending and focusing during sessions.

By signing below, I acknowledge that I have read the “Informed Consent for Telehealth” and I give my consent for myself and/or my child to work with Dr. Julie Maccarin via telehealth.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name Signature of Parent/Guardian Date

**Information about Ivy Pay**

Ivy Pay is a HIPAA-secure, PCI-protected payment service specifically for therapists. It allows you to pay me by saving a credit, debit, HSA or FSA card on-file, which is billed by me after each session. Ivy Pay uses advanced security systems and data encryption to protect both clients and therapists, as well as safeguard against unauthorized transactions and access to personal or financial information. Information is encrypted, stored and protected on secure servers. Industry standard SSL encryption is active on every page of the Ivy Pay system. This is the same encryption technology used by banks and brokerages to safeguard financial information.

Here’s how it works:

1. I send you an invitation via text to your cell phone via Ivy Pay’s secure system. I will do this after our first session by Saturday of the same week.

2. You tap on the link in the invitation text to be taken to the secure ‘Add Card’ form.

3. Scroll down on the ‘Add Card’ form, add your card details, and tap ‘Save & Pay.’ Your card will be encrypted and stored on Ivy Pay’s secure servers, and will be charged for that day’s session.

4. Going forward, after each session, you will receive a text confirmation when I charge your card on-file with Ivy Pay. This will appear in the same thread as your original invite text.

Tip: If you ever need to update your card details, just tap on the invitation link and follow Steps 1-3 above.

By signing below, I acknowledge that I have read the information about the Ivy Pay system and I understand that payment is due at the time of session.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name Signature of Parent/Guardian Date