

Julie Maccarin, Ph.D

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### **Informed Consent for Couples Therapy and Family Therapy**

Your name: (Please print) \_\_\_\_\_  
Your date of birth: (Please print) \_\_\_\_\_  
Your address (Please print) \_\_\_\_\_  
Your email address (Please print clearly) \_\_\_\_\_  
Your cell phone: \_\_\_\_\_ Your home phone \_\_\_\_\_  
Your business phone: \_\_\_\_\_ Place of business \_\_\_\_\_

Welcome to my practice! Please read the following information, sign where indicated and bring it to your first session. All adults participating in couples or family therapy must complete this form. Thank you!

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

Therapy is a process that usually leads to improved relationships, better self esteem, and decreased anxiety or distress. Psychotherapy is both an art and a science. I am committed to doing the very best work I can for you, but please be aware that therapy sometimes arouses strong or uncomfortable emotions and in some cases, problems can get worse before getting better.

#### **About Emotionally Focused Therapy (EFT). . .**

I use Emotionally Focused Therapy (EFT) in my work with couples and families. EFT is a structured approach to therapy formulated by Susan Johnson and Les Greenberg, based on attachment theory. A substantial body of research outlining the effectiveness of EFT is available on the EFT website ([www.eft.ca](http://www.eft.ca) or [www.iceeft.com](http://www.iceeft.com)).

#### **"No Secrets" Policy . . .**

When I work with a couple or a family, I consider the couple or the family to be the patient. There may be times, as part of the process, when I will see one or more members (such as, one individual or two siblings) for one or more sessions. These sessions are considered part of the work that I am doing with the family or the couple. If you are involved in this type of session, confidentiality rules as described in this document apply, however, I may share information learned in this type of session with your partner or the other members of the family, at my discretion.

#### **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 under the following circumstances: court order or other legally mandated requirement for disclosure of information; to obtain needed services, such as in the case of an emergency need for hospitalization; clear risk of harm to self or others; or suspected child abuse; or to obtain payment. If any of these circumstances occur, this confidentiality agreement will no longer apply. The document Health Insurance Portability and Accountability Act (HIPAA) is being provided to you and further describes your rights under the law. 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 to others unless I have your signed consent. I take this confidentiality commitment very seriously.

Although I am a very experienced psychologist, I am still and always will be learning. In order to continually improve my skills, I sometimes participate in consultation or training groups or receive supervision with other mental health professionals. At times, I may wish to discuss your case with that supervisor or group in order to get feedback about my skills and how to improve them. This may include showing a short audio or video tape segment. Typically, a ten-minute segment of a session along with a brief summary of the presenting problem(s) and history is provided. No identifying information is included. All mental health professionals, including supervisors and those in a consultation or

training group must follow the same confidentiality guidelines as I do. In the remote chance that someone in the consultation or training group knows you or a member of your family, they will immediately leave the group and will not participate in the portion of the meeting involving your case. All of your case information and the copies of your recorded session will remain with me and will not be reproduced or shared at any time, other than what I is described herein. Any recording of our sessions will be destroyed when our work together is completed.

#### **Fees and appointment policies . . . . .**

Appointments are usually weekly or twice a week. Once your first appointment is scheduled, that time is reserved for you at the same day(s) and time(s) each week, unless you and I agree to make a change in this schedule. In order for the process of therapy to be effective, it is important that you attend therapy regularly. I do not make reminder phone calls so it is up to you to remember your appointments. It is also very important that you arrive on time for your sessions. 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 appointment time will be shortened. A 48-hour (2 day) minimum notice is required for cancellation. This will enable me to make that appointment time available for another client in need. If vacations or special events require you to miss therapy, appointments can be rescheduled without charge as long as 48-hours notice has been given. 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. If you miss an appointment without notifying me in advance, the time that has been reserved for you will be released and a phone call from you will be needed to schedule a new appointment.

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 very rare that you will have to wait even five minutes past your scheduled appointment time in the waiting room.

My current fee for a couple or family intake appointment is \$285.00. Weekly sessions generally last 60 minutes and the fee is \$260.00. Fees are prorated for longer sessions. I do not participate in any insurance plan and I require payment for each session at the time of service. Payment can be made by Ivy Pay (to drjuliemaccarin) (see instructions below), or by cash or check.

If you become involved in legal proceedings that require my participation, the charge for therapy, parent meetings, in-court time, trial preparation, meeting with attorneys, traveling, etc. is \$350.00 per hour or part thereof. Please advise me immediately if you expect that there will be a legal matter involving you or your family during the time that you will be in therapy with me.

#### **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) 325-4453 between the hours of 8 am and 10 pm. I do not answer the phone during sessions, except under extraordinary circumstances; however, I check messages frequently and will make every effort to return your call as soon as possible. I do not generally take calls in the evening or on weekends or holidays. However, I do check messages and if it is after hours, I will return your call on the next business day. 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, 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.

#### **If I need to contact you . . . . .**

If you have provided multiple phone numbers, I may leave messages for you at any of those numbers, unless otherwise instructed by you. Please inform me in writing if you do not want me to leave messages at any of the numbers you have provided. If you have a change of address or phone number, please inform me about this by providing the information to me in writing at your next session.

I do not communicate with patients or clients by email, other than for scheduling and I do not discuss clinical issues via email. If you want to email me about scheduling, feel free to do so at drjuliemaccarin@gmail.com, realizing that I may not receive it until the following business day.

**Etiquette at 45 San Clemente Drive . . . . .**

This building has a variety of occupants, including many healing arts practitioners, who need a peaceful environment in which to do their work. In the waiting room, please keep voices as low as possible and do not use cell phones at all in the waiting room. This building has two very nice outdoor waiting areas that you are welcome to use while you wait for your appointment.

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**By signing below, I acknowledge that I have read all of the information in this document "INFORMED CONSENT FOR TREATMENT" and I agree to abide by the terms stated herein.** I consent to receive treatment from Dr. Julie Maccarin and I understand that I have the right to revoke this consent at any time by informing Dr. Maccarin in writing of my intention to do so. I also agree to make every effort to be on time for appointments and to attend 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.

Signature: \_\_\_\_\_

Name: (please print) \_\_\_\_\_ Date: \_\_\_\_\_

**By signing below, I give my consent for Dr. Julie Maccarin to record therapy sessions via video or audio tape and to use short segments of sessions in supervision and/or with members of her consultation or training group.**

Signature: \_\_\_\_\_

Name: (please print) \_\_\_\_\_ Date: \_\_\_\_\_

**Information about using Ivy Pay . . .**

Ivy Pay is a HIPAA-secure, PCI-protected payment service that allows you to pay me by saving a credit, debit, HSA or FSA card on-file. Once you've added your card to Ivy Pay, charges can be quickly and easily processed. 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 text via Ivy Pay's secure system.
2. 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, you will receive a text confirmation any time I use Ivy Pay to charge your card on-file. 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 invite link and follow Steps 1-3 above.