

Julie Maccarin, PhD
CHILD PSYCHOLOGY MARIN

45 San Clemente Drive, Suite 220, Corte Madera, California 94925 (415) 325-4453

INFORMED CONSENT FOR PARENT CONSULTATION (effective date June 1, 2017)

Please print this entire document and bring it with you to our first session.

Welcome to my practice ~

Fee and appointment policies

My current fee for a parent consultation session is \$250.00. These 60 minute meeting are a time for collaboration, during which you and I will work together to understand your child. These meetings are a time for you to share with me your concerns and observations about family or other issues that are effecting your child, about your child's reactions and behaviors and about your perceptions of your child's feelings and needs.

A 48-hour (2 day) minimum notice is required for cancellation. This will enable me to make that appointment time available for others. I do realize that you are a parent, and children get sick from time to time, however, because I specialize in seeing children, I am unable to make exceptions for illness, unless your child is contagious or 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.

I do not participate in any insurance plan and I require payment each session at the time of service. If your insurance provides you with out of network benefits, upon written request, I will provide you with a statement including all sessions for the month, at the first session of the following month. This statement is suitable for submission to your insurance company, and includes diagnosis and codes for treatment, as required by the insurance company. Please note however that my contract for your child's treatment is between you and me, not between me and your insurer.

Inclement weather policy:

In the case of bad weather, I follow the San Rafael city schools closing policy. If the San Rafael city schools are closed due to storms or for other weather related reasons, this office will also be closed. OTHER THEN WEATHER-RELATED CLOSINGS, I DO NOT FOLLOW THE SAN RAFAEL CITY SCHOOL CALENDAR. I am often open on school holidays, so if you have a question about your scheduled appointment, please check 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 will return your call on the same day or on the next business day. I do not communicate with patients or clients by email.

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 more than five minutes past your child's scheduled appointment time in the waiting room.

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 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, this confidentiality agreement will no longer apply. Please review the **Health Insurance Portability and Accountability Act (HIPAA)** that 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 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. For example, it may be helpful for me to speak with your child's teacher at some point. I cannot and will not communicate this 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.

I have read all of the information in the document **INFORMED CONSENT FOR TREATMENT** (effective date June 1, 2017) 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 Therapy 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 attends 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