



Claire Mercurio, Ph.D.

www.cmercuriophd.com

child, adolescent & adult psychotherapy

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CONSENT FOR TREATMENT

As a Licensed Psychologist, I am governed by various laws and regulations, and a professional Ethics Code. The Ethics Code requires that I make you aware of the standards of psychotherapy and how they may affect you.

Limits of confidentiality. Therapy sessions between a psychologist and client are strictly confidential except under certain legally defined situations. These include the following: where there is a reasonable suspicion of abuse of children or elderly persons; where the client presents a danger of violence to others; or where the client is likely to harm him/herself unless protective measures are taken.

When working with a minor I respect his/her right to confidentiality. I will consult with you about your child's progress *in general*. Parents/guardians are entitled to know the *nature* of their child's therapeutic care. I appreciate you telling me at the beginning of the session whether there have been any unusual happenings since our last meeting.

From time to time I collaborate with other qualified professionals to seek information or input which may be helpful to my work. In such cases I make every effort to preserve the confidential identity of my clients. Please let me know if you have any questions or concerns about this.

Payments and Fees. The fee for a 45 minute (children) to 50 minute (adults and older adolescents) session is \$225.00. You will be charged any bank fees for returned checks. Payment is expected at the time services are rendered unless otherwise arranged. It is the client's responsibility to determine if insurance reimbursement is possible and what procedures are necessary. I will fill out and sign all required forms.

I am contracted with Blue Cross/Anthem. If you are a member I will bill the insurance monthly, then provide you with the "patient's responsibility" amount. You may want to check with Customer Service to determine your exact benefits (i.e. deductible; number of sessions).

Telephone Accessibility. I will return calls as soon as possible should you need to speak between sessions. You will not be charged for calls related to scheduling or informing me of significant happenings. Calls involving consultation will be prorated at the session rate.

Emergencies. I do not carry a pager and therefore cannot always be reached immediately. I usually check my messages two to three times each day, between 9:00AM and 9:00PM, Monday through Friday, and once per day on Saturday and Sunday. In an emergency you should call 911. In times of crisis I can arrange to be more accessible. When out of town for an extended period, I make plans for my practice to be covered.

Court Appearances: I am not a forensic psychologist nor a custody evaluator. My role is to provide psychotherapy and consultation to adults, children and parents who are making changes in their lives or dealing with difficult issues or situations. I will not become involved with lawyers or legal proceedings.

Cancellation Policy. Because appointment times are limited and valuable, to insure "no charge" for a session you must cancel 24 hours or more in advance. All other situations will be handled on an individual basis. Insurance companies and third party payers do not reimburse for "no shows," therefore these will be your responsibility.

Client's Rights. You have the right to decide not to receive psychotherapy from me or to discontinue psychotherapy at any time. If you wish, I shall provide you with names of other qualified therapists or community clinics. I do request a final "good-bye" session as an essential part of the therapy process, regardless of the reason for termination.

I have read and understand the information above and I agree to enter (or enter my child) into therapy under these conditions. I also understand that psychotherapy can elicit strong and sometimes uncomfortable feelings, which are usually an important part of the healing process. I understand that there are a variety of psychotherapeutic approaches designed to treat my presenting issue, and that I am choosing to utilize the interventions practiced by Dr. Mercurio.

Signature of client or guardian (if client is a minor) date

Name of client (if different than above)

I consent for the release of all information necessary to process third party payments:

Signature of client or guardian (if client is a minor) date

Telephone messages may be left at my home number: YES NO

Telephone messages may be left at my office number: YES NO

Mail may be sent to my home address: YES NO

OK to thank referral source?: YES NO

Claire Mercurio, Ph.D. date