

Melanie Mulligan, Psy.D.

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Child Informed Consent to Treatment

Thank you for allowing me to help your child and your family. This document is intended to answer questions you may have as you begin therapy and to outline policies and procedures that are specific to my practice. Feel free to share any comments, questions, or concerns you have about this information.

Services

I work with children and their families to reduce problematic behavior and increase functioning. It is my strong belief that change is best achieved through support from the child's family. Thus, I will likely request that we regularly schedule parent sessions. It is important that you and I build trust so we can help your child together. Please be mindful that your child will intuit your thoughts and feelings (whether positive or negative) about both therapy and your child's functioning. Children learn through play. Therapy with younger children will likely include play, art, and games.

It is my policy not to testify in custody proceedings.

Office Hours

Sessions are scheduled by appointment and are 45 minutes in length. If you are late for a scheduled session, I will likely end the session by the regularly scheduled time to insure timeliness for all patients.

Cancellation Policy

At the beginning of our work together, you and I will agree on a weekly meeting time. That hour will be considered your time, reserved only for you. Since that appointment cannot be offered to anyone else, I request 24 hours notice to cancel a session. *You will be expected to pay for missed sessions unless you provide 24 hours advance notice of cancellation, or unless we both agree that you were unable to attend due to circumstances beyond your control (e.g. emergency).* Insurance companies will not reimburse for cancelled sessions, so you will be responsible for payment in full of the cancelled session.

Telephone and Email Contact

In the case of an emergency, please call 911 and/or go to your nearest emergency room.

I encourage you to reach out to me anytime. You may call me at 310-905-0325. Although I am often not immediately available by telephone, I check voicemail messages regularly and will make every effort to return your call as soon as possible, and certainly within 24 hours, with the exception of weekends and holidays. My voicemail is confidential. Text messages may be used for scheduling purposes. You may choose to email me at therapy@melaniemulliganpsyd.com. My email is encrypted and secure in accordance with HIPAA guidelines.

Billing and Fees

Please see my fee schedule below. You are welcome to pay by check or cash. Checks should be made payable to Melanie Mulligan, Psy.D. Credit cards are accepted with a \$5 dollar transaction fee. I ask that you please pay at the end of each session unless you and I agree on a monthly billing arrangement. I request to keep a credit card on file in order to charge unpaid fees, exceeding 30 days. Please discuss your insurance coverage with me so that I may guide you in how to determine if you are eligible for reimbursement through your out of network benefits.

Child Therapy sessions: \$250

Collateral Parenting sessions: \$250

Family or Couple's Therapy: \$325

Travel time and phone calls exceeding 15 minutes will be billed at a prorated session rate.

Home or School Visits

Families often find it useful to have sessions in their homes to help them implement the tools they learn in therapy. Similarly, school visits can be especially useful to determine what your child's strengths and triggers are, as well as to help school staff work best with your child. I bill home and school visits at the regular session rate. However, I charge for travel time at a prorated rate.

Professional Training

I have completed my doctoral and postdoctoral training in clinical psychology. My New York State license number is: 018687. My California license number is PSY27977.

Confidentiality and Privacy of Information

I will make every effort to safeguard the privacy of information concerning our work together. A complete privacy notice in accordance with recent HIPAA laws will be provided. Although under most circumstances you have a legal right to obtain your child's records, it is my policy to keep the majority of the session content confidential in order to encourage your child's free expression. However, I will use my clinical judgment to determine which information is essential for you as a parent to have. It is unethical for me to disclose any information regarding your child's treatment with few exceptions:

1. You may authorize me to release records or other information to individuals of your choosing (other providers, etc). This may only be done with your expressed written consent.
2. Under ethical and legal requirements, I must break confidentiality in the event of a clear and imminent danger to yourself or another person.
3. In the event that you or your child discloses information that provides evidence of current abuse or neglect of minor children, dependent individuals, or elderly over 70 years old the law requires that I make a report to the appropriate agency.
4. In certain legal proceedings, confidential information may be disclosed by court order. This is a rare occurrence and would not happen without your knowledge.

I have read, understand and agree to the abovementioned policies and procedures.

Printed Name: _____

Signature: _____ Date: _____

Melanie Mulligan, Psy.D.: _____ Date: _____