

Melanie Mulligan, Psy.D.

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Information About Services

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.

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. If you need to reach me by phone, please 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 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.

Individual Therapy: \$250

Family or Couple's Therapy: \$325

Group Therapy: \$125

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

Telehealth

I offer sessions via videoconferencing when clinically appropriate. I use VSEE which provides encryption and privacy in accordance with HIPAA. Please be aware that video conferencing may be interrupted by poor connection, or other electronic interference beyond my control. Information shared via video conference is subject to the same privacy laws as face-to-face communications.

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. It is unethical for me to disclose any information regarding your treatment with few exceptions. A complete privacy notice in accordance with recent HIPAA laws will be provided.

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 disclose 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: _____