

**CRISTY PARETI, PsyD, LMFT**

Licensed Marriage and Family Therapist LMFT#47538

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Telephone: (310) 571-5936

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**OFFICE POLICIES**

***Cancellation Policy:*** A 24-hour notice is required since this is a reserved time for you. The full fee will be charge for missed appointments without a 24-hour notification, or for same day cancellation that is not a true medical emergency. If utilizing your health insurance, please be aware that insurance companies do not typically reimburse for missed sessions and you will be responsible for the full session fee.

***Confidentiality:*** The therapist and client relationship are held in strict confidentiality unless:

1) You present a danger to yourself or others;

2) You authorize a release of information with your consent and signature; and/or

3) Child or elder abuse is suspected.

If you are a danger to yourself or others or if there is suspected elder or child abuse, we are legally required to inform the appropriate legal authorities and/or potential victims, so that protective measures can be taken.

***Phone Consultation:*** You can call, if needed, between sessions. Please leave a message with your phone number. Be aware that I generally return phone calls within four (4) hours. I may not be able to return calls immediately as I will be in session. Please be advised that calls that exceed 10 minutes will be considered a counseling session and will be pro-rated based on your hourly fee.

***E-mail or Text Messaging:*** E-mail or text messaging can be viable forms of communication for therapists and patients. E-mail or text messaging are not appropriate forms of communication for emergencies or crises. Even brief messages via e-mail or text can often be misconstrued and have a negative impact on the therapeutic relationship or cause potential harm to the patient. Therefore, sensitive, clinical information is to be discussed over the phone or in-person as deemed appropriate. I generally respond to e-mail and texts within 24 hours. Any e-mails that become lengthy may be charged a fee based upon the session charges per hour. E-mails and text messaging also become part of the clinical record. In addition, e-mail includes the potential risk of unauthorized access to stored confidential information or security of the transmission. Therefore, be aware that since e-mail or text message may not be secure, a patient’s confidentiality may be breached.

***Social Media:*** Therapists do not make or accept friend requests on any social media platform to or from patients (i.e. Facebook, Instagram, Snapchat). This prevents any possible confidentiality breach for the patient and also protects the therapist’s privacy.

***Fees:*** Full payment is due at the beginning of each session, unless we have agreed on other arrangements. We will agree on a fee at the outset of treatment. Any fees that are past due over 120 days may be subject to collection through the use of a collection agency. However, efforts will be made to make other arrangements with you as needed. My fees may change over the course of treatment, typically fees will be raised once yearly. If you decide to utilize your insurance, it will be necessary to verify your health insurance coverage, both which type of policy you have and what they reimburse for mental health care coverage for out-of-network providers. You have the option for me to proceed with billing your insurance company. I will bill for out-of-network coverage. You are responsible for your deductibles and any co-insurance.

***Patient’s Rights:*** In additional to confidentiality, you have the right to end your therapy at any time, for whatever reason, without any moral, legal, or financial obligations, except for fees already incurred. When it is time for you to end, I would appreciate your giving me at least two weeks notice. This way, we can help bring about better closure.

***Consent for Treatment:*** I further authorize and request that Cristy Pareti, PsyD, LMFT, carry out assessments, treatment and/or diagnostic procedures which now or during the course of my care as a patient, are advisable.

Patient Name: (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient: (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_