

Grace Valenti, MA, LMFT
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OFFICE POLICIES
AND
INFORMED CONSENT AGREEMENT FOR PSYCHOTHERAPY SERVICES

Please sign the bottom of the form on page 2 acknowledging that you understand and agree to each of the following:

Your appointments are weekly unless otherwise agreed upon. Standard sessions for couples are 1 hour and 15 minutes in length. Standard sessions for individuals are 1 hour.

During the COVID-19 public health emergency, licensed mental health professionals have shifted to providing services using virtual telehealth platforms. Such services are within the jurisdiction of our boards just as traditional face-to-face services are. Under law, "telehealth" is the mode of delivering care via communication technologies including, but not limited to, internet and telephone. The platform I am utilizing is Zoom.us. It is in no way public-facing. This platform enables end-to-end encryption meeting security standards. It is simple to use. You will be instructed on how to login.

My standard rates are as follows: \$180.00 per session for couples lasting 1 hour and 15 minutes and \$140.00 for individual sessions lasting 1 hour. If for whatever reason we exceed these time frames, an additional charge in accordance with standard rates will be charged in increments of 15 minutes.

I ask that all clients who are able to financially meet my fee do so. Please ask if you have a concern or questions regarding your fee in light of this difficult pandemic. To the extent that I am able, I will always do my best to accommodate your situation.

Scheduling of an appointment involves the reservation of time especially for you. I have a 24-hour cancellation or rescheduling policy, meaning if you don't come to your appointment, and you haven't notified me at least 24 hours in advance of your regularly scheduled time, you will be required to pay the cost of the missed session unless I am able to fill that time with another client.

Please arrive no sooner than 10 minutes prior to your appointment. If I have an appointment scheduled shortly after yours, our time together cannot run over. Therefore, it is important you arrive on time.

I am an out-of-network healthcare provider. Depending on your insurance carrier, you may be able to utilize your insurance for our therapy sessions in order to recover a portion of the cost. You will, however, be required to pay the full cost of the session at each appointment. If you opt to utilize your insurance, please let me know at the outset of our work together. At the beginning of each calendar month I will, in turn, provide you with a billing receipt (or "SuperBill") for the previous months sessions that you can submit to your insurance for reimbursement directly back to you.

If you choose to utilize your insurance, note that insurance companies have varying policies. Therefore, prior to our first therapy session it is advised you call your carrier to inquire about your payment eligibility with an out-of-network provider. Ask specifically for mental health benefits (also referred to "behavioral health benefits") with a licensed Marriage and Family Therapist. Some questions you may want to ask them are the amount they cover per session, the amount deductible and whether it has been met, and their general provisions. These suggestions will help us determine, prior to the start of therapy, whether or not utilizing your insurance is a workable payment solution for you.

You can leave text or voice messages at (818) 761-6162. You can also email me at Therapy@GraceValenti.com I check text, phone, and email messages frequently and will return all contact requests as soon as possible. Please do not provide information of a personal nature (PHI) in your communication. Limit such communication to our sessions.

I accept Visa, MasterCard, Discover, debit and HSA cards. Payment is made at each session.

All information disclosed in our sessions, and any record pertaining to those, are confidential and will not be revealed to anyone without your written permission, except where disclosure is required by law, as follows:

- ~ The law mandates limits to confidentiality where there is reasonable suspicion of child abuse or neglect, in the event of serious threat of harm to yourself or others, or where a client is gravely disabled. Protective actions may include notifying a potential victim, contacting the police, seeking hospitalization, or contacting family members or others who can help provide protection.
- ~ Disclosure of information *may* be required pursuant to a legal proceeding, if you place your mental status at issue in litigation initiated by you.
- ~ I am obliged to report instances where a client reports downloading, streaming, or accessing through electronic or digital media, a depiction in which a child is engaged in sexual acts.
- ~ Confidentiality does not apply between couples or among family members who are engaged in therapy together.
- ~ Disclosure of information may be requested by your health insurance carrier in order to process your claims. Be assured, however, that as an out-of-network provider only the minimum necessary information will be communicated to the carrier by me, and only with your understanding and permission.
- ~ Mental Health Professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

I take on average 3 – 4 weeks of vacation per year and will provide advance notice.

Lastly, it is important to be aware in the climate of data hacks and security breaches, that email, texts, and cell phone communication may be accessed by unauthorized people despite protective efforts. Your privacy and confidentiality is a vital concern to me. As mentioned earlier, the platform in use for our sessions is Zoom where encryption is enabled. If you communicate detailed private, confidential information via email or text, however, I will assume you have made an informed decision, and will view it as your agreement to communicate.

I have read, understand, and agree to all of the above, and give my consent for services.

Signature: _____ **Date:** _____