

MARIO PRIETTO, PhD L.C.S.W.

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INFORMED CONSENT FOR TREATMENT

To ensure that we have a collaborative working relationship it is important that you take time to read, understand, and agree to the following guidelines.

1. **LENGTH OF SESSIONS:** Sessions will be 50 minutes long.
2. **FEES.** The fee will be decided upon during the initial phone/email contact, or during the first session. Payment for the initial session and all future sessions is expected at the end of the session. I will perform the necessary clerical tasks to assist you with obtaining any eligible insurance reimbursement for any third-party payment.
 - a. Regular Fees are \$175 for first assessment and \$150 for Regular session.
 - b. Regular Fee for Couples or Conjoint Therapy \$200 for Regular session.
3. **CANCELLATIONS:** I will reserve the time of your appointment and not offer it to any other client. Given that I reserve your appointment time, it is my policy to charge for any missed appointment that is not cancelled with a minimum of 24 hours notice, except in a case of an emergency. If there is an emergency, contact me as soon as possible. When my schedule allows it, I will make efforts to help patients fit a replacement/make-up appointment within same week. Sometimes, a non-emergency missed appointment cannot be rescheduled for a replacement/make-up appointment within the week. Patients are expected to pay the regular fee agreed upon in this document. For patients who are paying through insurance, patients will be charged no more than the full amount regularly reimbursed by their insurance coverage (i.e. co-pay in addition to what insurance company pays Mr. Prietto).
4. **CONFIDENTIALITY:** California law and professional ethical standards guarantee that the information you disclose during sessions remains confidential. Information disclosed during sessions will only be released with your written permission. However, there are exceptions to confidentiality such as child or elder abuse, the serious threat of harm to another, and court ordered release of records, whereby information must be shared to appropriate outside parties, and situations such as danger to self and/or others, and grave disability, in which information may be released to outside parties for safety reasons. Furthermore, as regards to minors in treatment, parents have the authority to determine what, if any, confidential information can be released, although there are some exceptions, other than those previously mentioned, that will need to be discussed, if applicable. If Mr. Prietto is writing a scholarly paper with material gathered from work with patients, he will change names and identifying features of patients, so as to protect confidentiality of patients.

5. **PATIENT'S RIGHTS:** Every patient has the following rights under HIPAA privacy rules: Mr. Prietto may use or disclose your Protected Health Information (PHI) for certain treatment, payment and health care operations without your authorization. In certain circumstances Mr. Prietto can only do so when the entity requesting your PHI gives him a written request that includes certain promises regarding protecting the confidentiality of your PHI.

Mr. Prietto may use or disclose PHI for purposes outside of treatment, payment and healthcare operations when your appropriate authorization is obtained. In those instances when Mr. Prietto is asked for information for purposes outside of treatment and payment operations, she will obtain an authorization from you before releasing this information. You have the right to request restrictions on certain uses and disclosures of PHI about you.

You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations (e.g., if you want to receive a bill at a location other than your home for reasons of privacy.) You have the right to inspect or obtain a copy of your PHI. Mr. Prietto may deny access to your PHI under certain circumstances, but in some cases you may have this decision reviewed. You have the right to request an amendment of your PHI for as long as the PHI is maintained in the record, which Mr. Prietto may deny in certain circumstances. You have the right to receive an accounting of disclosures of your PHI for which you have neither provided consent nor authorization.

If you are concerned that Mr. Prietto has violated your privacy rights, or if you disagree with a decision Mr. Prietto made about access to records, you may contact Mr. Prietto to discuss this further. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

I have read, understand, and agree to the following policies and procedures:

Client Signature
Parent/Legal Guardian (if patient is minor)

Date

Parent/Legal Guardian (if patient is minor)

Date