

TINA DEMATTIA, M.A.  
LICENSED MARRIAGE & FAMILY THERAPIST  
LIC. NO. 45161

*Parent Consent Form*

THANK YOU FOR TRUSTING ME TO ASSIST YOU WITH YOUR PERSONAL CONCERNS. PLEASE TAKE THE TIME TO READ AND UNDERSTAND THIS DOCUMENT AND ASK ME ABOUT ANY PORTION WHICH MAY BE UNCLEAR TO YOU.

Tina DeMattia, MA, MFT will provide psychotherapy services to your child(ren) \_\_\_\_\_ & \_\_\_\_\_ . The goal is to help your child(ren) be successful emotionally, socially and academically. Individual, couple and family counseling is available to enhance your child(ren)'s success. I am requesting your involvement, and need permission to see your child.

This consent is valid until termination of the therapeutic relationship. You have the right to revoke consent at any time. Verbal or written notification will be accepted.

I understand the information stated in this form and give consent for my child(ren) \_\_\_\_\_ & \_\_\_\_\_ to receive therapeutic counseling with Tina DeMattia, MFT at 1300 University Drive, Suite 4, Menlo Park, California.

Parent's Signature:	_____	Date:	_____
Parent's Name:	_____	Relationship:	_____
Home Phone:	_____	OK to leave message?	Yes No
Work Phone:	_____	OK to leave message?	Yes No
Home Address:	_____	State, Zip	_____

Parent's Signature:	_____	Date:	_____
Parent's Name:	_____	Relationship:	_____
Home Phone:	_____	OK to leave message?	Yes No
Work Phone:	_____	OK to leave message?	Yes No
Home Address:	_____	State, Zip	_____

If child's parents are legally separated or divorced, please complete the following\*:

Legal Custody:	Mother _____%	Father _____%
Physical Custody	Mother _____%	Father _____%

\*Please provide a copy of the custody agreement.

## **CONFIDENTIALITY**

For therapy to be effective, confidentiality must be honored. No information will be shared with a party outside of my office without your written consent. Additionally, information your child shares with me in his/her private sessions will be held confidential. However, the goals and progress of the counseling may be shared with you, any other legal custodial parent or guardian. By law, confidentiality must be breached if a therapist or therapist intern suspects that any minor is being or has been abused, if a person plans to physically harm another person, or if a person plans to harm him/herself. Additionally, breaching of confidentiality will occur if a therapist or therapist intern hears that an elder or dependent adult is being or has been abused.

## **ELIGIBILITY AND FEES**

My services are available to individuals, couples, groups, adolescents, children as well as families. I will collect \$130.00 (sliding-scale available for financial hardship) per-session at the time of services rendered. Phone calls that exceed 5 minutes will be charged at \$1.75/minute. Please make checks payable to "Tina DeMattia". If an outstanding balance remains after termination of therapy and 90 days has passed without payment, I reserve the right to submit the past due invoice to a collection agency. Upon request, I can provide you with a monthly statement so that you can seek reimbursement from your insurance. However, please note: insurance companies require therapists to give a diagnostic code. By asking me to provide insurance paperwork, you are giving me permission to share that confidential information.

## **POLICIES REGARDING APPOINTMENTS**

Individual and couples therapy appointments are generally for 50 minutes and are typically scheduled once per week at a time you and I agree on. A typical child therapy appointment is 45 minutes. If you cannot make a scheduled appointment, it is your responsibility to call (650) 223-3312 to cancel within 24 hours. I typically check my voicemail at least once daily, except on weekends. If you forget an appointment, call (650) 223-3312 as soon as possible to reschedule. If you miss your appointment and do not call within 24 hours to cancel, you will be charged your regular session fee. In addition, there is no guarantee that I will have another available appointment time during that same week. If for some reason you are late, please understand that I must still follow my regular schedule in ending appointments.

- *Please note that email is not a secure form of communication and is not recommended as a means of contacting your therapist for any treatment-related concerns.*

## **IN AN EMERGENCY**

In some instances, you might need immediate help at a time when Tina DeMattia is not available or cannot return your call. These emergencies may involve suicidal thoughts, thoughts of wanting to hurt someone else, or thoughts of committing dangerous acts. If you find yourself in any emergency situation please call 911. Or, you may call the crisis line (650) 464-8420 and ask to speak with the counselor on call. In addition, you can visit the nearest Emergency Room and ask for the mental health professional on call.

1300 UNIVERSITY DRIVE, SUITE 4 • MENLO PARK, CA 94025 (650) 223-3312