

Ashton Martini, M.S.

Licensed Marriage & Family Therapist and
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CONSENT TO TREATMENT

- As a client, your rights are guaranteed by the rules of ethical professional practices and by law. You have the right to:
 - Mental health care and treatment
 - To be advised about treatment choices and possible treatment concerns
 - To refuse treatment
 - To privacy
- Information about treatment is confidential and not released to anyone without your written consent. There are limits to privacy. The ethical standards of therapists, and in some instances, state laws, require therapists to report to responsible persons when clients indicate any of the following.
 - Abuse or neglect of a child, or if I suspect abuse or neglect
 - Abuse or neglect of an elderly person, or if I suspect abuse or neglect
 - Threat to harm themselves
 - Threat to harm someone else
- Other limits to your privacy include:
 - The court can obtain your clinical record with a Court Order
 - Ex-spouses have the right to review their child's record unless those rights have been terminated by the Court
- In order to protect the confidentiality, in the event that I see my client(s) in public, I will not engage in conversation or acknowledge our association *unless* the client(s) approach me first. Further, if clients do approach me or acknowledge our association, they accept the possibility that my nearby friends/family will become aware of their client status.

OFFICE PRACTICES AND POLICIES

- Therapy is a building block process. Each session builds on or complements previous sessions. Successful treatment depends on your attendance at each scheduled session.
- Payment policies: A typical session lasts 50 minutes. Occasionally it may be better to go on with a session rather than postpone work on a particular issue. When this extension is more than 10 minutes, I will tell you, because **sessions that run over 60 minutes will be billed a second hourly session fee.** Clients can also choose to schedule extended sessions. A session and a half is 75 minutes (not 90 minutes) and a double session is 100 minutes (not 120 minutes).

- The hourly rate for on 50-minute session is \$125, one 75-minute session is \$185, and one 100-minute session is \$250. Payment of any session fees must be received at the time of service. I accept cash as well as credit and debit cards. I charge a 3 % transaction fee when using credit/ debit cards
- You have the responsibility to pay for any services you receive before you terminate services. Fees accrued due to cancelations, phone sessions, and teletherapy sessions must be received on or before (via PayPal) the next scheduled appointment. Further appointments will not be scheduled until a zero balance is obtained.

Cancellation policy: If you are sick or are unable to attend your scheduled session, please notify me as soon as possible so I can adjust my schedule and reschedule you for another time. Please give a 24-hour cancellation notice to avoid a fee for the missed appointment and to allow others to receive help in your place. This fee will be charged to the card on file. Please note: Most insurance companies do not reimburse cancellation fees. *I understand that Ashton Martini is not a 24-hour crisis intervention provider. If I am faced with a mental health emergency I agree to call 911 or go to my local emergency room.* **Clients who cancel less than 24 hours prior to their scheduled appointment will be charged the full session fee.** ** _____ **Initial Please****

Credit Card Information: A credit card will be kept on file for any unpaid balances or cancellation fees.

Name as it appears on the card: _____ Credit Card Number: _____
 Expiration Date: _____ CVV: _____ Billing Zip code: _____

Insurance Billing: The following categories describe the ways that your health information may be used and disclosed:

- I may use and disclose your health information for determining coverage, billing, collections, claims management and reimbursement. Health information may be released to an insurance company, third party payer or other entity involved in the payment of your medical bill and may include copies or excerpts of your medical record that are necessary for payment of your account. Your health plan may be notified about a treatment you are going to receive to obtain prior approval or determining whether your plan will cover the treatment.
 - I may disclose your health information to business associates with whom I contract to provide services on my behalf. For example, I may contract with another entity to provide transcription or billing services.
- I do not participate in any court related services or clients, including depositions, hearings, consultations with lawyers, or attendance at courtroom proceedings. I ask that you respect the integrity of the therapeutic process and refrain from asking for any participation.

I give permission to Ashton Martini to evaluate my case and provide treatment. I have read the office practices and policies and have had any questions answered about these policies. I understands and agree to the policies described above. I further understand that any psychotherapy has risks and benefits, but that these cannot be fully described here in anticipation of a potential for treatment.

Client(s) Signature _____ Date _____

Witness/Therapist Signature _____ Date _____

ELECTRONIC COMMUNICATION POLICY

E-mail and text messaging offer easy and convenient ways for the therapist and client to communicate. However, both have inherent disadvantages and risks. Below are some guidelines for communication via e-mail and text messaging.

- E-mail and texting are **NEVER** appropriate for urgent or emergency problems. Please use the telephone or call 911 for life threatening emergencies.
- E-mail and texting are great for asking those little questions that do not require a lot of discussion. Appropriate uses of e-mail and text include appointment requests and notifications.
- E-mails or texts should not be used to communicate sensitive medical information such as information regarding sexually transmitted diseases, AIDS/HIV, mental health information, etc.
- **E-mail and texting are not confidential.** You should also know that if you are sending e-mails from work, your employer has a legal right to read your e-mail if he or she chooses.
- E-mail and texting are not a substitute for seeing me. If you think that you might need to be seen, please book an appointment.
- Either party can revoke permission to use the e-mail system at any time.

Please check (1) of the following boxes if you **DO** want to communicate electronically:

- I **DO** want to communicate with Ashton Martini via **E-MAIL ONLY** regarding scheduling, appointment reminders, etc. I have read the above information and understand the limitations of security on information transmitted. I understand that Ms. Mihaloliakos may not be able to communicate with me electronically about my specific condition if there are concerns regarding confidentiality.
- I **DO** want to communicate with Ashton Martini via **TEXT ONLY** regarding scheduling, appointment reminders, etc. I have read the above information and understand the limitations of security on information transmitted. I understand that Ms. Mihaloliakos may not be able to communicate with me electronically about my specific condition if there are concerns regarding confidentiality.
- I **DO** want to communicate with Ashton Martini via **E-MAIL AND TEXT** regarding scheduling, appointment reminders, etc. I have read the above information and understand the limitations of security on information transmitted. I understand that Ms. Mihaloliakos may not be able to communicate with me electronically about my specific condition if there are concerns regarding confidentiality.

Please check the following box if you **DO NOT** want to communicate electronically:

- It is **NOT** permissible for Ashton Martini to contact me via e-mail or text.

Client Name (Printed)

Client Signature

Date

E-mail Address

Cell Phone Number