

Michael Namekata, Ph.D.
California Psychologist License# PSY33698

PRACTICE POLICIES

1. **CONFIDENTIALITY:** The matters discussed in psychotherapy will not be disclosed to another party without the client's/clients' consent, except in the following situations, should they arise, which are mandated by law: revelations which raise a suspicion of child abuse/neglect/endangerment; imminent risk of homicidal behavior; abuse of elderly or disabled persons; or where required by a court of law because the client has sued a third party for emotional distress. In cases of imminent suicidal behavior, the therapist may consider notification of family members as one means to protect the client, but this would typically be discussed with the client first.

When therapy is being conducted with a couple or a family unit (e.g., parent(s) and child(ren) on an ongoing basis, it can be counterproductive to the therapy process, and the trust and emotional safety of the clients for the therapist to have information or private communications from one member of that couple or family unit which are not known to other members. Therefore, it is Dr. Namekata's policy that if a telephone call or other communication is received outside of the joint therapy session from one of the members of the couple or family unit, that communication will need to be shared with the rest of the couple or family unit at the next session, so that it may be discussed and utilized to assist the couple or family as a whole. With couples, parent/child and family therapy, both partners must be present for the session to occur; a no-show or late cancellation by one member will be billed in full, but the single member will not be seen alone as this can be counterproductive to trust and continuity.

For clients under 18 years of age, the parents legally hold the confidentiality privilege over disclosure of material from therapy sessions. However, out of respect for the child client's privacy and autonomy, and to promote the most effective treatment, it is the therapist's policy that she does not disclose to parents the material which the child client discloses to the therapist in the child's individual sessions unless the child gives her/his consent to such disclosure or if therapist determines the child is in immediate risk of serious harm to themselves or others. In such cases, the therapist will typically discuss with the child client her opinion of the need to consult with the parents before doing so. What is usually recommended for child clients who are in individual therapy is that a joint meeting between the therapist, client and parents be held as needed, with the therapist and client reviewing beforehand the client's perceptions of their current status with the goals they entered therapy to work on.

2. **PAYMENT POLICIES:** A payment of \$ ____ is due at the end of each 50-minute session. You may pay using Visa or Mastercard, Square, or Zelle. I will provide you with a statement for your insurance provider at the beginning of each month.
3. **CANCELLATION/ NO-SHOW /RESCHEDULE:** When you enter therapy, you will be scheduled for a consistent, ongoing weekly appointment day and time. Having and keeping this consistent appointment as much as possible contributes to the continuity, comfort, and effectiveness of the therapy process. Should you ever need to cancel or reschedule your appointment, please call 24 hours or more in advance or you will be charged the full fee for the session (a message left on the voice mail is sufficient and may be left at any time 24 hours a day, 7 days a week). The same policy applies if you "no-show" for a session and applies regardless of the reason for the missed session (e.g., forgetting, traffic, work or school commitment, sickness). Please note that insurance carriers do not

Office Phone: (818) 254-8125

Mailing Address: P.O. Box 570895, Tarzana, CA, 91356

Email Address: info@encinotherapy.com

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cover and may not be charged for no-show or late-cancellation sessions, so you would pay the full fee out-of-pocket for these.

4. **PHONE CALLS:** Phone calls between sessions are typically limited to scheduling and other logistical matters which must be arranged before the next session. If you encounter a serious psychological crisis between sessions and do not have a session scheduled in the next 12 hours, you will be encouraged to schedule one. The reason for this is that scheduled, in-person sessions, where the therapist has the time set aside for you, are the most effective way to obtain assistance. If there is a life-threatening psychological emergency and Dr. Namekata does not have an appointment available in the next 12 hours, a brief telephone consultation may be provided to assist you until the next available appointment. Such crisis consultations are charged at the standard fee, prorated to the nearest quarter-hour. Please note insurance carriers do not reimburse for telephone conversations.
5. **REPORTS:** Should you ever request or require that Dr. Namekata complete or review a report or other form of written documentation regarding your psychological status, the standard fee will be charged per hour for preparation/review of the report.
6. **LITIGATION CHARGES**
If I am required to attend a deposition, hearing, or other legal proceeding in the capacity of your current or past therapist, you will be billed at \$300.00 per hour for my time, including preparation, telephone time and travel time as well as the time I spend at the legal proceeding.

If you have any questions or concerns regarding any of the above, or regarding any aspect of treatment, please feel free to raise them in our sessions.

Acknowledgement of Receipt of “Practice Policies”

I received a copy of Dr. Namekata’s “Practice Policies.”

Please Print Your Name *(if a minor, please print parents’ name)*

Please Sign Your Name *(if a minor, parents’ signature)*

Today’s Date

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