



## Practice Policies

**SESSION TIMES:** The standard meeting time for psychotherapy is from 45-60 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the standard session time need to be discussed with the therapist for time to be scheduled in advance.

**CREDIT CARD ON FILE:** Please complete credit card intake document within 48 hours of scheduling first session. Doing so will secure your session for you.

**INTAKE DOCUMENTS:** Please complete all intake documents within 48 hours of scheduling your first session. This policy protects your interests, and it also shows your therapist your motivation for attending your future sessions. Your therapist is happy to serve you; we want to ensure things are in order, so your experience is a great one. Thank you.

**INSUFFICIENT FUNDS:** A \$10.00 service charge will be charged for any checks returned for any reason for special handling.

**CANCELLATION FEE: **\*\*IMPORTANT NOTICE\*\***** Our staff cares for and very much appreciates the clients we have the privilege to serve; we work hard to set aside times for our clients, turning away many new referrals to best serve our current clients. We Thank you for choosing us in your healing journey.

As a courtesy, we are happy to offer clients a 1-time grace cancellation appointment at no charge for cancellations within 24 hours and no-shows.

Please understand that we must charge a full fee rate after the first late-cancellation and no-show appointment.

- **Insured clients:** Your fee will be the full rate according to the rate set by your insurance. This includes copay's, co-insurance portion as well as insurance portion. Let us know if you have questions and we are happy to help.
- **Self-pay clients:** You will be required to pay the full self-pay rate which was agreed upon prior to beginning therapy, and that corresponds with your Good-Faith-Estimate. Please let us know if you have questions or concerns, we are happy to have a conversation with you to help answer any questions or concerns.

If therapist can accommodate a rescheduling of your session the same week of canceled appointment, fee concessions may be made on your behalf. Please speak to your therapist.

Thank you for your understanding.

**REPORTS FEE:** Clinical reports are not covered by insurance. Any clinical documents, forms or summaries will require a fee of \$30 per 15 minutes of preparation time.

**GOOD-FAITH ESTIMATE:** You are entitled to a Good Faith Estimate for which potential fees for services will be disclosed. We are happy to answer questions about charges you may incur.

**PHONE CALL FEE:** Telephone conversations between therapist and client, for any reason, in excess of (15) minutes per day will be charged \$30 per 15-minute increments. Phone charges are not covered by insurance.

**THIRD PARTY CORRESPONDENCE FEE:** Authorized telephone consultations with a third party concerning your therapy will be billed to you proportionally at \$120 hr or \$30 per 15-minute increments. This service is generally not covered by insurance.

**LEGAL FEE:** Appearing at meeting(s) or legal proceedings on your behalf is not covered by insurance. If I am subpoenaed or agree to appear in court, give deposition testimony and evidence, or attend a meeting as an expert, \$1500 will be collected for a retainer from client and bill for therapist's time at the rate of \$175 per hour for the time devoted to these services.

**LEGAL EXCHANGE OF CLINICAL RECORD:** Billed at \$120 per clinical record exchanged or \$30 per 15 minute increments for preparation and submission.

**SECURITY:** Please be aware of our security system in which public areas such as waiting room and hallways are monitored by security cameras. Confidentiality and privacy of our clients is highly important to us. We want to assure you there are no cameras in any therapy rooms. We abide by HIPAA and privacy laws and regulations to ensure the confidentiality of our patrons as well as their safety to the best of our ability. Should you have questions, please notify business owner.

**EMAIL POLICY:** It is our policy to cover content of therapy during the therapeutic session appointment. Although our email is privacy protected, we cannot guarantee data breach, despite the high-level encryption method of transfer. In the case you are needing additional support, we encourage you to contact your therapist to schedule an additional session.

**TELEPHONE:** Our company utilizes a HIPAA and privacy protected phone system with a BAA (business associate agreement); we are diligent in protecting data of our clients. We do not text or call clients from a personal phone line, nor do messages get sent to personal phone lines for the care and privacy of our clients.

**ACCESSIBILITY:** If you need to contact your therapist between sessions, please leave a message on our voice mail system; you may also email your therapist or message them through the Simple Practice portal. Please understand that texting and any form of electronic communication is not fully privacy protected, although we work to reduce risk by contracting with Hipaa/BAA vendors. We are often not immediately available; however, your therapist will attempt to return your call within 24 to 48 hours. Please note that face-to-face sessions are highly preferable to Telehealth sessions whenever possible. However, if you are out of town, sick or need additional support, phone and video sessions are available. If a true emergency arises, please call 911 or any local emergency room.

**SOCIAL MEDIA AND TELECOMMUNICATION:** Due to the importance of your confidentiality and the importance of minimizing dual relationships, we do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Snap Chat, Instagram, etc). This is against the ethics of our licensure. We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

**ELECTRONIC COMMUNICATION:** We cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, we will do so. While we may try to return

messages in a timely manner, we cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies. It is for your best interest. Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine, or tele-health. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that: (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. (2) All existing confidentiality protections are equally applicable. (3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee. (4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent. (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist.

**MINORS:** If you are a minor, your parents may be legally entitled to certain information about your therapy. Your therapist will discuss openly with you and your parent's what information is appropriate for them to receive and which issues are more appropriately kept confidential. Please let your therapist know if you have questions or concerns, we are happy to help.

**TERMINATION:** Ending relationships can be difficult. Therefore, it is important to have a termination process to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. We may terminate treatment after appropriate discussion with you. If your therapist determines that the psychotherapy is not being effectively used, or if you are in default on payment your therapist may end your therapy treatment. Your therapist will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, we will provide you with a list of qualified psychotherapists and appropriate specialists to treat you. You may also choose someone on your own or from another referral source. Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, your therapist must consider the professional relationship discontinued.

Please sign below after reviewing and agreeing to be treated for therapy with the understanding of our practice policies.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_