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## PRACTICE POLICIES

**PSYCHOTHERAPY SERVICES:** Psychotherapy varies depending upon the therapist and client, and the particular problems you bring forward. There are many different methods we may use to deal with the issues that you want to address. Psychotherapy requires for an active effort on your part. In order for therapy to gain the most benefits, you will need to work on things we talk about both during our sessions and at home. Psychotherapy can have benefits and risks. Since therapy may involve discussing unpleasant aspects of your life, you may experience uncomfortable feelings. Also, if you make changes in your life this can impact your relationships. Psychotherapy has been shown to have benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience. Once psychotherapy begins problems can worsen before they get better. This often occurs with children since you are working to create changes in behavior and children may test the new limits you create. Your first few sessions will involve an assessment of your needs then plans and goals for treatment will be developed together. Therapy involves a commitment of time, money, and energy, so you should be very careful about the therapist you select. If at any point you wish to seek services with another mental health professional, I will provide you with referrals. I will also encourage you to contact your personal physician for referrals.

**APPOINTMENTS AND CANCELLATIONS:** The meeting times for individual psychotherapy with this provider are scheduled as 40 or 55 minutes appointments and family therapy is 50 minutes. Requests to change the length of the session needs to be discussed with the therapist when the appointment is scheduled in order for the appointment to be scheduled in an appropriate time slot. The cost of psychotherapy with this provider is determined by length reflecting the Current Procedural Terminology published by the American Medical Association. Please note that Macks Psychology Group automated reminders state 45 minutes for all appointments for all therapy providers and are not reflective of the amount of time scheduled with your individual provider.

Please remember to cancel or reschedule 24 hours in advance. This is necessary because a time commitment is made to you and is held exclusively for you. If you are not going to be able to use that time please cancel so another client can be offered that time. If you are late for a session, you may lose some of that session time. You will be responsible for fees charged for no-shows, late cancellations and portions of your appointment you are late for. Insurance will not cover fees for missed appointments or portions of the appointment missed and the credit card you have on file will be charged.

**BILLING AND PAYMENTS:** You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. All deductibles and co-pays will be due at the time the service is rendered. Your credit card on file will be billed within 24 hours. Payment schedules for other professional services will be agreed to when they are requested. Please have a credit card on file authorized to pay your portion of the bill. Fees for services are listed on the Consent for Treatment.

**TELEPHONE ACCESSIBILITY:** If you need to contact me between sessions, please leave a message on my voice mail. I am often not immediately available; however, I will attempt to return your call within 48 hours. Please note that Face- to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available. If a true emergency situation arises, please call 911 or go to the closest local emergency room.



**EMERGENCIES:** If you, your child or someone you know is at risk for harming themselves or others call 911 for immediate assistance.

**SOCIAL MEDIA AND TELECOMMUNICATION:** Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). I 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.

**PROFESSIONAL RECORDS:** The laws and standards of my profession require that I keep treatment records. Please refer to the Notice of Privacy Practices on how your records are used and your rights pertaining to those records.

**ELECTRONIC COMMUNICATION:** All phone, email, reminder texts and secure portal messaging communication is HIPAA compliant and secure, but I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. I do communicate via email or text messaging for issues regarding scheduling and billing. If you wish to not receive communication in this manner you need to inform your provider. Never use email/text/portal messaging methods of communication to discuss therapeutic content and/or request assistance for emergencies. Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine/telehealth. Please refer to the Consent for Telehealth Consultation on regulations for telemedicine and telehealth.

**TERMINATION:** Ending relationships can be difficult. Therefore, it is important to have a termination policy and process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. Treatment is typically terminated once goals are achieved. I may also terminate treatment after appropriate discussion with you or written notification if I determine that the psychotherapy is not being effectively used, attendance is inconsistent, or you are in default on payment. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of psychotherapists in the area. You may also choose someone on your own or from another referral source. Should you fail to schedule and attend an appointment for four consecutive weeks or cancel three appointments (unless other arrangements have been made in advance), for legal and ethical reasons, I must consider the professional relationship discontinued.

**MINORS:** If a patient/client is a minor, parents/guardians may be legally entitled to some information about their therapy. I will discuss with youth and parents/guardians what information is appropriate for them to receive and which issues are more appropriately kept confidential. Use of the client portal and online communication is limited to individuals age 18 and older or their parent/guardian.

By signing below, I am agreeing that I have read, understood and agree to the items contained in this Practice Policies document.

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Name of Patient/Client (please print)

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Patient's Date of Birth

\_\_\_\_\_  
Signature of Patient/Client

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date Signed

