

Christy Pulsford MSW, LISW-S, LICDC  
GrowthINsight Counseling LLC  
8050 Beckett Center Drive, Suite 314 | West Chester, OH 45069  
Phone: (513) 847-3891 Fax: (513) 449-6214  
www.growthinsightcounseling.com

## PRACTICE POLICIES

**PSYCHOTHERAPY SERVICES:** Psychotherapy varies depending upon the therapist and client and the particular concerns you bring forward. There are many different methods we may use to deal with the issues that you want to address. Psychotherapy requires 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 may lead to better relationships, solutions to specific problems, and 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 if your insurance/employee assistance program allows me to do so. I will also encourage you to contact your personal physician for referrals.

**APPOINTMENTS AND CANCELLATIONS:** The meeting times with this provider are typically scheduled for a duration of 45 minutes for individual psychotherapy and 50 minutes for family/couple therapy. In some cases, it may be determined that another duration is more appropriate. Requests to change the length of the session need 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 type and length, reflecting the Current Procedural Terminology published by the American Medical Association.

Please remember to cancel or reschedule 24 business 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 that you are late for. Monday appointments must be canceled by 5:00 pm the prior Friday to avoid the late charge. 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. Appointments can be canceled by calling (513) 847-3891.

**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/eap coverage that requires another arrangement. Please have a credit card on file authorized to pay your portion of the bill. All self-pay fees, deductibles, and co-pays will be due at the time the service is rendered and charged to your credit card on file. Payment schedules for other professional services will be agreed to when they are requested. 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 business hours. Please note that therapy sessions are not available by phone. The phone is utilized for a brief communication between appointments. If a mental health crisis arises, please call 911 or go to the nearest emergency room. This practice does not provide crisis care.

**EMERGENCIES:** If you, your child, or someone you know is at risk of harming themselves or others, call 911 or go to the nearest emergency room for immediate assistance.



**SOCIAL MEDIA AND TELECOMMUNICATION:** Due to the importance of 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 confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, 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 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, but I cannot ensure the confidentiality of any form of communication through electronic media. I do communicate via email, phone, and portal messaging. Text messaging is used for appointment reminders. If you wish not to 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, are considered telemedicine/telehealth. Please refer to the Consent for Telehealth Consultation on regulations and more detail on 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 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 unless otherwise not allowed due to contractual requirements with your insurance company or employee assistance provider. 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), I may 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.

By signing below, I agree that I have read, understood, had my questions fully answered, and agree to the items contained in this Practice Policies document.

\_\_\_\_\_  
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

