Akoben Counseling & Consulting LLC 11000 W McNichols Road #323-1194 Detroit, MI 48221 313.365.0975 info@akobencounseling.com

PRACTICE POLICIES

APPOINTMENTS AND CANCELLATIONS Please remember to cancel or reschedule 12 hours in advance. You will be responsible for a cancellation fee of \$100 if cancellation is less than 12 hours. If your insurance policy prohibits cancellation fees, please limit incidents to 3 cancellations within 90 days.

The standard meeting time for psychotherapy is 45-55 minutes. However, you have the right to determine the length of your sessions. Requests to extend the 45–55-minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

Cancellations and re-scheduled session will be subject to a full cancellation fee of \$100 if no received at least 12 hours in advance. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.

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 24 hours. Please note that Face- to-face sessions are highly preferable to phone sessions. If a true emergency situation 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, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Instagram, Tiktok, 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.

ELECTRONIC COMMUNICATION I 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, I will do so. While I may try to return messages in a timely manner, I 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.

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, as detailed in the privacy policy.

REPORTING: You must be actively engaged in therapy services with me for a minimum of 90 days prior to requesting any written reports of attendance/progress in therapy. This includes but is not limited to Accommodation Request, FMLA paperwork, SSDI, probation reports, etc. Prior to any reporting or documentation being completed, client must also complete a Release of Information to allow therapist to disclose necessary information. If the client prematurely terminates from therapy against the recommendations of the therapist after any reporting has been completed, therapist also reserves the right to advise the party reported to of such premature termination. Needs for reporting prior to the 90-day timeframe should be discussed with therapist at intake session to determine if the reporting will be possible. Under no circumstances are progress notes released.

TERMINATION: Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason, I will provide you with a list of qualified therapists if requested. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks or fail to respond to messages from treatment team regarding services, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued and you will be discharged from treatment. The ability to resume services after being discharged from therapy for the above reason will be at the discretion of the therapist.

I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

EFFECTIVE 9/3/2023