

Practice Policies

Wild Essence Nature Guiding & Therapy LLC
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PRACTICE POLICIES

APPOINTMENTS AND CANCELLATIONS

Please remember to cancel or reschedule **48** hours in advance. You will be responsible for the entire fee if cancellation is less than **48** hours.

******Clients who have Medicaid are NOT responsible for late cancellation fees as it is not allowed by Medicaid, however, if a client who uses Medicaid to pay for services has 2 cancellations outside of the 48-hour window, this therapist reserves the right to terminate with that client******

A late cancellation or no-show appointment hurts at least three people: you, your therapist, and another client who could have potentially utilized your time slot. Therapy sessions are scheduled in advance and are a time reserved exclusively for you. When a session is canceled without adequate notice, I am unable to fill this time slot by offering it to another current client, a client on the waitlist, or a client with a clinical emergency.

The only exception to this cancellation policy is in the event of a serious or contagious illness or emergency. Some examples of emergencies are car accidents, deaths in the family or extreme illness. Work issues do not constitute emergencies. This cancellation policy also applies even if missing the appointment was an unintentional act. In the event of prohibitive weather, we can conduct the session via video (individual counseling). When video or in-person options are not available, we can conduct therapy over the phone, but it is not considered to be an effective form of treatment. If both parties in a couple cannot attend, consider having one come alone instead of canceling altogether and wasting the slot.

Cancellations and re-scheduled session will be subject to a full charge if **NOT RECEIVED AT LEAST 48 HOURS IN ADVANCE**. If you are late for a session, you may lose some of that session time, which can inhibit the therapeutic process.

The standard meeting time for psychotherapy is 50-55 minutes, however, to determine the length of time of your sessions may vary depending on treatment modality.

Requests to change the 50-55 minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

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

FEE STRUCTURE

The rate for therapy is \$150 for 50-55 minute sessions. For children and/or teens, this may include a brief check in with parents for 10-15 minutes, leaving time with child/teen clients to 40-45 minutes. Sliding scale fees start at \$110/hour and are limited. Clients who wish to negotiate a sliding scale must demonstrate financial need and reevaluate the rate every 3 months. Any additional requests for service, including but not limited to writing up any written reports or summaries, are charged the full 150/hour rate with no sliding scale options. Any time requested for court appearances is billed at the rate of \$300/hour, and that price is nonnegotiable. Any time spent on the phone for check-ins or issues outside of the office (case management) that are greater than 15 minutes is charged at the therapy rate. Credit cards are required to schedule sessions and are kept on file. They are billed the evening of the session. It is the client/parent responsibility to make sure payment information is up to date, and to inform me if it changes, or if you prefer to use a different method of payment. I take check and cash for payment in addition to credit cards at the end of each session.

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. 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 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, 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.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. 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.

NATURE-BASED THERAPY

Due to the more casual nature of meeting outside, I cannot guarantee confidentiality of sensitive information, however, I will do my best to avoid more populated and public areas and stay vigilant to the situation. I encourage you to let me know if you feel uncomfortable at any time.

MINORS AND PARENTS WITH CHILDREN IN THERAPY

If you are a minor your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential. Any behavior that is considered high-risk will need to be reported to your parents, however, I will always talk with you about this before talking to your parents. Age 15 is the legal age of consent in the state of Colorado. Minors who wish to sign off on their own forms are welcome to do so and can discuss this with me at intake.

In the case of a minor child with divorced parents or more than one guardian, I will send equal information to both parents/guardians. I will also send therapy updates, if requested, to parents with a summary of therapeutic work which will include information I feel is relevant to give to parents. I will always discuss this with the minor client and reserve the right to include what I deem is therapeutically necessary.

POLICY ON CONFIDENTIALITY WITH COUPLES AND FAMILIES

In couples or family therapy, the couple as an entity and the family as an entity is the client although one individual may be deemed the "identified client" for record-keeping and insurance reimbursement purposes. My policy is that I am not providing individual therapy for any individual in the couple or the family although sessions with individuals in the couple/family may be a part of the couples/family therapy. I will not be a "secret keeper" nor facilitate secret keeping. If anything significant is revealed in an individual session that I feel the other party needs to be told, I will require it be brought up in the next session together so we can work through it or counseling may have to be ended with a referral to another therapist.

POLICY ON DIVORCE AND/OR CUSTODY CASES

I am not a custody evaluator and cannot make any recommendations on custody. I can refer you to a licensed professional who DOES provide custody evaluation if needed.

Due to the sensitive nature of divorce and all potential issues that may arise in such cases I have very specific policies in which you must agree before we enter a therapeutic relationship:

1. I require a copy of the most current standing court order demonstrating the custodial rights of each parent and/or the parenting agreement that is signed by both parents and the judge at the first intake session.
2. In most cases I need to have contact and written/signed consent with/from both legal guardians before I see the child for counseling. In the case there is a final decision maker on health-related issues who wants the child to be seen for counseling even in the case the other parent does not agree, it is the discretion of the therapist as to whether the child will be seen.
3. I will provide an interview with any court-ordered Guardian ad Litem (GAL) and/or custody evaluator (CE) whom the court has ordered will have access to the child's records and any time spent speaking with the GAL or CE will be billed to and paid by you, the client at my court-related-fee hourly rate.
4. I will be in equal contact with both parents who share the legal custody of the child being seen for counseling and will offer and encourage opportunities for both parents to participate in consultations along the way.
5. Family sessions may be recommended and depending on the case, we may need to see the child and each parent separately along with siblings and/or other significant members who live in the homes where the child lives.
6. I require all clients to waive the right to subpoena me by the court. By signing this agreement you are acknowledging and agreeing NOT to have me subpoenaed to court. This policy is set in order to preserve the dignity of the therapeutic process and relationship with you and/or your child(ren). There are exceptions to this and we can discuss further should an issue arise and the policy needs to be waived.
7. In the case of the above policy re: subpoenas and court is waived (or disregarded) and I am subpoenaed to appear in court-even with a waiver of this policy- you will be billed for the full standard fee plus Court Related Work at \$300/hour for all professional time. Any time dedicated to court-mandated appearance including preparation including documentation and lawyers/GALs, appearing in court and any time waiting at the courthouse, on the stand, as well as travel time will be billed at \$300/hour. Any reduced fee/sliding scale fee will not apply to Court Related Work.

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 or you request another therapist, I will provide you with a list of qualified psychotherapists 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, I must consider the professional relationship discontinued.

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