

## Practice Policies

Hope Evergreen LLC

### APPOINTMENTS AND CANCELLATIONS

Please remember to cancel or reschedule 24 hours in advance. You will be responsible for paying a fee if you late cancel or no show an appointment. All future appointments will be canceled until the fee has been paid. The standard meeting time for psychotherapy is 45 to 60 minutes. Requests to change the session time needs to be discussed with your therapist 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. Cancellations and re-scheduled sessions will be subject to a \$100 charge if NOT RECEIVED AT LEAST 24 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 a therapist between sessions, please call 901-250-5649 and leave a message on the voice mail. The therapist or another staff member may not immediately be available; however, someone will attempt to return your call within 24 business hours. Please note that Face- to-face sessions are highly preferable to virtual sessions. However, if you are out of town, sick or need additional support, virtual sessions are available. You can request a change from in person to virtual at any time without incurring the late cancelation charge. If a true emergency situation arises, please call 911 or go to the nearest emergency room.

**SOCIAL MEDIA AND TELECOMMUNICATION** Due to the importance of your confidentiality and the importance of minimizing dual relationships, our therapists and support staff do not accept friend or contact requests from current or former clients on personal social networking sites (Facebook, Instagram, TikTok, Twitter, etc.). Clients may choose to like or follow the business accounts, but in so doing accept the limitations to their confidentiality as our agency cannot protect their privacy and confidentiality should they choose to follow these accounts. If you have questions about this, please bring them up when you meet with your therapist so it can be discussed at that time..

**ELECTRONIC COMMUNICATION** I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. Cancellations and scheduling requests are asked to call our main number at 901-571-8911. Please do not use these number 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. 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. 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 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.

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. Your therapist may terminate treatment if you are in default on payment or if the clinician does not feel that the therapy process is effective for the client. If therapy is terminated for any reason or you request another therapist, our agency 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, we 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date