

Stonewater Therapy, LLC

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PRACTICE POLICIES

APPOINTMENTS AND CANCELLATIONS

- In order to meet treatment goals, it is important to attend all scheduled sessions. Occasionally, it is difficult to attend a scheduled appointment. When that happens, you are expected to call or email to reschedule at least 48 hours before the appointment time.
- A missed appointment is defined as either canceling or rescheduling an appointment with less than 48 hours' notice or failing to attend a scheduled appointment without any notification.
- 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.
- If you miss two or more appointments with less than 48 hours' notice, your case may be subject to closure, and any future appointments may be cancelled.
- The standard meeting time for psychotherapy is 50 minutes. It is up to you, however, to determine the length of your sessions. Requests to change the 50-minute session must be discussed with the therapist to schedule time in advance.
- A \$25.00 service charge will be charged for any checks returned for any reason for special handling.

TELEHEALTH

I will be practicing via telehealth (audio-visual) for the foreseeable future. Participation in telehealth sessions requires a confidential environment free from distractions. I will periodically check to make sure your space is confidential. If you find that telehealth is not possible or not working well for you, please let me know, and we can explore ways to accommodate your needs.

TELEPHONE ACCESSIBILITY

If you need to contact me between sessions, please leave a message on my voicemail. I am often not immediately available; however, I will attempt to return your call within 24 hours. Please note that face-to-face sessions via telehealth 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 maintaining confidentiality and minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (e.g., 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 scheduling or cancellation issues, I will be happy to do so. While I may try to return messages in a timely manner, I cannot guarantee an immediate response, and I 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 Oregon. Under ORS 743A.058, telemedicine is broadly defined as a "mode of delivering health services using information and telecommunication technologies to provide consultation and education or to facilitate diagnosis, treatment, care management or self-management of a patient's health care". By choosing to use telehealth 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 a multitude of observations, information, and experiences about the client within a session or a series of sessions. Therapists may make clinical assessments, diagnoses, and interventions based not only on direct verbal or auditory communications, written reports, and third-person consultations, but also on direct visual and olfactory observations, as well as 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 to the therapist.

THERAPY VS LEGAL SERVICES

Services are intended for therapeutic purposes only. Families sometimes go through challenging times and find themselves in the midst of legal disputes, such as custody and visitation conflicts. Therapy services provided by Stonewater Therapy, LLC are intended for therapy purposes only. Unless legally compelled, therapists will not testify or submit information on behalf of a parent or guardian related to custody, visitation, or placement.

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 essential to have a termination process in place to achieve 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 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 four consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

You have the right to refuse or stop treatment at any time. Refusing or stopping treatment prior to formal termination may have an effect on your condition; it may worsen, stay the same, or get better.

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