

Non-Face-to-Face Clinical Work and Billing Policy – Safe & Sound Counselling

Ethical and Clinical Responsibilities Outside Sessions

Therapists have an ethical and legal duty of care that extends beyond face-to-face appointments. In line with PACFA and ACA codes of ethics, reasonable steps are required to prevent physical, emotional, or psychological harm.

This includes circumstances where client behaviour, communication, or external pressures indicate possible risk, rupture, or destabilisation. This is not mere administration – it is part of ethical practice and clinical care. This work requires clinical judgement, expertise, reflection, and action.

The therapist must be attuned at all times to even subtle shifts in communication or presentation, especially in trauma-affected or vulnerable clients, where the therapeutic alliance can become fragile or disrupted.

The responsibility to maintain safety, respond to rupture, and preserve therapeutic integrity necessitates professional time and care — even outside scheduled sessions. Please note this is important clinical work and may be billable.

Rupture, Transference, and Triangulation

Non-face-to-face clinical work can occur due to client transference or projection, where clients misattribute their feelings or expectations onto the therapist, or due to avoidant behaviour stemming from various factors. Therapy-interfering behaviours can result from triangulation, influenced by the actions—or lack thereof—of other parties, such as billpayers, third-party funders, or partners.

In these cases, reflection on tone shifts, review of notes and outreach to explore and investigate the circumstances may be necessary.

Emotional volatility or shutdown may require containment and understanding of the contributing factors, potentially resulting in time being spent, on exploration and investigation, most likely occurring after-hours via text, emails, or phone.

In accordance with the PACFA Code of Ethics, practitioners have an ethical responsibility to act in the client's best interests and to maintain the therapeutic relationship, even when this requires action outside scheduled appointments. This may include drafting follow-up messages, reviewing client communications, documenting clinical events and ethical decision-making processes, or updating care plans as clinically indicated, in order to protect client autonomy, therapeutic safety, and the goals of therapy.

Responsibilities Involving Third Parties – Letters, Reports. Advocacy

Where needed, contact may be made with family members, funders, or professionals (e.g., S, Victim's Assist, doctors, psychiatrists, support coordinators, schools, lawyers, and so on) to advocate for the client's care, provide correct information, provide progress updates and context, advise of risk factors or make specific client requests. This is often necessary, including but limited to safety concerns, funding issues, misrepresentations, or misunderstandings affect the client's wellbeing.

These actions are not administrative — they require careful thought, clinical judgement and expertise, and necessitate focus and care, especially when they occur in important contexts (e.g., Victims Assist submissions, NDIS advocacy, psychiatrists, doctors, lawyers, and so on).

The preparation of such letters, reports, summaries, or preparing for and attending meetings can require significant time and effort, which should not be underestimated or disregarded.

The language and level of precision have to be tailored to each professional. There are legal and ethical implications involved with each piece of documentation bearing a professional signature.

Each organisation has its own processes and requirements which often make working with them complicated and arduous (NDIS, Victim Assist). Clients and third parties should carefully consider whether such work is genuinely required, as the costs can accumulate quickly.

This policy applies to both clients and any third parties involved in the therapeutic process.

Clinical vs. Administrative Tasks

Administrative work (not billable):

- Booking, rescheduling, or cancelling appointments via text, email, other mediums, or in person.
- Sending invoices, receipts, or logistics-related forms



- Uploading routine documents such as case notes, completed forms, resources covered during the session, (unless clinically nuanced or part of a requested resource pack that goes beyond a few resources)
- Brief responses to logistical queries
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Clinical work (billable):

- Note: All feedback is taken seriously, and if there is an oversight due to therapist error, then the costs are fully absorbed by the practitioner
- Substantive and/or therapeutic communications via email, text, WhatsApp, etc., including the reading of lengthy reports or emails.
- Therapeutic analysis or ethical risk safety assessments.
- Follow-up from transference, projection, or sudden withdrawal.
- Rupture repair, especially due to triangulation or other third-party input or influence.
- Emotional containment.
- Updating treatment plans or direction based on out-of-session changes or communication if it exceeds a reasonable amount.
- Writing of reports and letters, which can take significant time and focus.
- Meetings about or on behalf of the client (e.g., legal, medical, NDIS related).
- Creating tailored therapeutic resources or service packs upon request or when offered to the client (verbal consent is typically sought beforehand).
- Documenting ethical reasoning where there is ambiguity and increased risk due to life circumstances, especially where escalation is deferred due to context, or nuances are considered.
- Consulting specific supervision for ethical dilemmas related to the client that go beyond routine supervision.
- Reiteration of policies that have already been agreed upon either implicitly or explicitly with paperwork signed off by the client.
- Unreasonable amounts of time and effort spent following up on payments or defending the work done, especially where third-party payers are involved.
- It is expected that the client also assists in ensuring fair compensation, especially if the work done was to advocate for the client's needs and often already at a reduced rate.

If an action is taken for the safety of the client, participant, or dependent, deemed crucial for their wellbeing, or offers therapeutic benefits, and includes professional judgment, advocacy, or helps maintain the therapeutic relationship, it may be considered billable.

Misunderstandings and Disputes

- If there has been a misunderstanding or oversight entirely on the therapist's part, the situation and actions will be reviewed, reflective practice undertaken, supervision sought, and full accountability taken for any oversights, with all related costs absorbed.
- Should feedback from clients or any involved third parties be perceived as unfair, unreasonable, misinformed, or misaligned with the therapist's experience or impression, all communication will be thoroughly reviewed, self-reflection undertaken, and supervision sought for objectivity. The therapist's position will then be respectfully communicated to the client or the third party involved.
- Findings will be provided, and all those involved are respectfully asked to review the information presented, self-reflect, and attempt to understand the situation from the perspectives of all parties, including the therapists.

Please remember:

- Fairness is a key goal in every decision-making process.
- It is understood that distress can create blind spots and may lead to misunderstandings, mistrust, miscommunications, projection or transference.
- Misunderstandings or miscommunications can occur, especially when third-party funders are involved
- Certain organisations have complicated and sometimes unclear requirements for securing and processing funding.



- It is understood that is frustrating for third-party payers especially parents, to have limited knowledge about the purpose of payments.
- Full transparency is aimed for; however, this must be balanced with the client's right to confidentiality, in compliance with Privacy laws and ethical responsibilities.

Therapists often find themselves fulfilling various roles for clients to ensure their needs are met and their safety is prioritised. These include advocate, case manager, support person, system navigator, crisis manager, researcher, interpreter, recruiter, and mediator between clients and third parties.

While this policy isn't about assigning blame, if a situation arises that affects the therapist's workload substantially, and through no fault of their own, some if not all costs might need to be passed on to the client. Where advocacy, coordination, or support has been provided to secure services, support, or documentation, cooperation is respectfully requested in ensuring fair compensation and recognition for the therapist's time and labour. This may include communicating with third-party funders, acknowledging the scope of the work undertaken, or assisting in resolving disputes when needed.

Therapeutic care is a collaborative effort, and so is sustaining the services that support it.

Please keep this document accessible for reference prior to escalating concerns and to minimise unnecessary disputes. Communication should always be polite and respectful.

Numerous policies clearly outline the requirements for working with this practice. Engaging in these services implies implicit consent, and signing paperwork provides explicit consent.

Unacceptable Behaviours

Aggression, intimidation, coercion, deliberate attempts to triangulate, manipulate, control, or confuse are not tolerated and may result in immediate termination. Repeated reiteration of agreed-upon policies will be considered unnecessary and billable work.

Billing and Transparency

When non-face-to-face clinical work is undertaken, it is billed at the standard or after-hours session rate (an extra \$20/hour), depending on when it occurs. **These charges are not penalties — they reflect the professional time, care, and emotional labour required for work deemed necessary for the client's wellbeing.**

Additional work is not intentionally sought for its own sake or for financial gain.

Often, substantial time is absorbed, and the full extent of the time and work performed is rarely charged. The goal is to maintain fairness, boundaries, and sustainability within the practice.

Charges are transparently recorded in clinical notes and invoices.

The signed Payment Policy, Terms and Conditions, or Credit Card Authorisation provide explicit consent to allow billing for the rare instances these costs may occur. Where possible, verbal consent is sought or advised in advance, although this may not always be feasible in urgent situations.

This document and the Code of Conduct should also be read and referred to as part of informed consent, as they explicitly cover this billing practice. If an unusual situation arises or more time is required than expected, full transparency and an explanation will be provided via email, text, or in person and on the invoice.

Where third-party payers are involved, consent must be provided by the client (if not a minor) regarding the extent of any disclosure.

Third-party payers may refer to this document for further clarification.

As mentioned, only clinical work is charged for, much of which occurs in specific types of scenarios.

Lastly, it is entirely possible to utilise these services and never incur these types of fees.

Final Notes

Non-face-to-face clinical work is common in complex therapy, particularly when trauma, neurodivergence, systemic harm, or relational issues are involved.

The aim is to offer flexible, affirming, and attuned care — but that care must be delivered sustainably and



within professional boundaries.

By understanding this policy, clients are empowered to use sessions for therapeutic work and know what to expect if support or response is needed outside of session.

If there is uncertainty about whether something is billable, please refer to this document or ask for clarification in the next session. Fairness, ethical practice, and transparency are always the guiding principles in decision-making.

While significant time and effort are often provided pro bono, please note that there are limitations regarding the capacity to absorb additional costs, especially if they are unnecessary.

Please refer to this policy for any questions regarding non-face-to-face billing.

Thank you for your cooperation and understanding.

