

Your Song Counseling

PRACTICE POLICIES

FEES, APPOINTMENTS AND CANCELLATIONS

Please note that I am a provider on some but not all insurance panels. If you are planning on using your insurance for mental health services, please provide your insurance information before your first visit. My biller will verify your insurance. However, I still strongly recommend you to verify that I am contracted with your plan prior to the first visit. Your method of payment information needs to be saved in your account via portal from my HIPAA compliant electronic charting system before your intake appointment. Your payment is due when I receive your explanation of benefits, and I will charge your card. You will receive a receipt. I take major credit cards, debit cards and flexible spending account cards. If you prefer to write a check or pay cash, please let me know.

My rate for those paying full fee (i.e., no mental health insurance coverage) is currently \$175 for the initial assessment and \$150 for each 50 minute session thereafter.

Any phone conversation with me is free up to 15 minutes. If it exceeds 15 minutes, there will be a fee of \$37.50 from 16-30 minutes, another \$37.50 for 31-45 minutes, and so on. This fee will be out of pocket unless your insurance covers it. If the reason for the phone call is related to legal matters, please refer "Court Testimony and Legal Involvement" below.

If for some reason you do not come to a scheduled session, I request that you either cancel AT LEAST 24 HOURS IN ADVANCE or pay a missed session fee of \$85. Insurance cannot be billed for missed sessions. However, I will waive your missed session once. In addition, I will not charge you for sessions missed due to emergency (e.g. death of immediate family member, you or your family's emergency room visit, you or your young child is violently sick, your house is on fire). If this occurs, please call or email as soon as you can.

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

TELEPHONE ACCESSIBILITY

My voice mail will take your calls any time, and you can send me an email any time. However, I may need up to one business day to respond. If you need assistance before I can be reached, you may call/text 988 (National Crisis and Suicide Lifeline), which is open 24 hours, or dial 911.

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. While I may try to return messages in a timely manner when you choose to reach out to me, 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. 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.

COURT TESTIMONY AND LEGAL INVOLVEMENT

In order to avoid dual relationships and conflicts of interest, I will provide you with clinical services only. I do not intend to become involved in legal disputes such as personal injury lawsuits, divorce proceedings, custody battles, dependency hearings, work competency (e.g. FLMA, short-term disability, work accommodations, social security disability), immigration issues or criminal matters.

These proceedings erode the client-therapist relationship and compromise your ability to be honest with me during treatment. By signing this document, you agree:

That my role is limited to providing treatment and that you will not involve me in any legal dispute;

That you will instruct your attorneys not to subpoena me or refer in any court filings to anything I have said or done;

If there is a court-appointed evaluator in your child's custody or dependency dispute, and if appropriate releases are signed and a court order is provided, I will provide general information about you which will not include recommendations concerning custody, custody arrangements, or visitation;

If, for any reason, I am required to provide expert testimony or documentation for a legal dispute, adoption proceeding or dependency case, or to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of \$200 per 15 minutes (even in the case of sliding-scale

fee clients) for time spent speaking to your lawyer, traveling, preparing reports, testifying, being in attendance, and any other case - related costs. They must be prepaid.

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

Your file will be inactivated once you have consistently met your treatment goal, have requested to discontinue your care, have shown treatment has been ineffective, have demonstrated behavior deemed threatening, have shown a need of higher level of care or a different special care that is not my expertise such as substance use treatment. If I have not had contact with you for 30 days or more without prior arrangement, I will assume that you would like to terminate our current episode of care. In such cases, I will also close your active file. Or, your file will be closed if you have not be seen by me for 60 days under any circumstances. You will receive a termination letter from me either case. We can reopen the file and begin a new episode of care upon your request and my agreement. However, this depends on my availability at that time because you have lost your "spot" when your file was closed. If I am not available to take you back, I will share referrals.

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

Signature

Date