

## Practice Policies

Allison Medford, MA, ATR, LMFT

ATR #22-230

Oregon LMFT #1934

Florida TLHT #1325

Creative Mind Counseling, LLC

2355 State St, Ste 101, Salem, OR 97301

7901 4th St N, Ste 300, St. Petersburg, FL 33702

Phone: (503) 479-5494

Website: [www.CreativeMindCounseling.net](http://www.CreativeMindCounseling.net)

Email: [Allison@CreativeMindCounseling.net](mailto:Allison@CreativeMindCounseling.net)

### **PAYMENT, APPOINTMENTS AND CANCELLATIONS**

Please remember to cancel or reschedule 24 hours in advance. **You will be responsible for the full session fee if cancellation is less than 24 hours before your scheduled appointment time.** This is necessary because a time commitment is made to you and is held exclusively for you. The therapist may waive a cancellation fee at their discretion, for example in the event another session can be scheduled and is kept later in the business week.

**All sessions and therapy are provided via telehealth video services. The standard meeting time for psychotherapy is 50 minutes for psychotherapy, art therapy, relationship counseling, and EMDR therapy.** If you are late for a session, you may lose some of that session time and will not be reimbursed on your rate for time missed.

If you do not enter the video session within 15 minutes of our scheduled time and I have not heard from you via email, secure message, text message, or phone I will have to assume you are not attending (“no show”) and will charge the full cancellation fee.

**Clients who cancel or no-show for 3 consecutive appointments without rescheduling will be considered “inactive” (regardless of cancellation fee charge).** Movement to “inactive” status includes loss of priority for any recurring appointment time slots, and the client will be considered discharged from clinician caseload. Should the client seek to be re-established in clinician care, it will be up to the discretion of the therapist based on current caseload, availability, scheduling, etc.

Payment for sessions or late cancellations will be processed electronically at the time of your session (usually within 24 hours). If a client requests to delay processing, it is at the discretion of the therapist to determine if this will be feasible for a short amount of time to support client continuity of care.

### **SLIDING SCALE RATES**

This therapist's fee for therapy services is currently ranged between \$200-\$250 per session, depending on the service provided. Sliding scale rates may be offered at the request of the client during times of financial hardship. Sliding Scale Rates offered are calculated by the therapist based on many factors, including business costs, number of slots open at a given price point, etc. The Sliding Scale Rate, once agreed upon, will continue to be the accepted fee for a period of 6 months, after which the therapist and client will review and/or update the rate, or determine course of action moving forward with treatment. If, prior to the scheduled review, the client is able to afford the full rate for services, it is in good faith they will inform the therapist in order to update their fee for service.

Due to legal and ethical reasons, if you request a superbill, the therapist will not be able to provide a sliding scale rate for services.

### **TELEPHONE ACCESSIBILITY**

If you need to contact me between our sessions, it is not preferable that you leave a voicemail. **Please note, the voicemail service currently in use is not HIPAA compliant. Therefore, do NOT leave any information you would like to remain confidential in a voicemail, as its protection is not guaranteed.** I am often not immediately available; however, I will attempt to return your call within 24 hours. If a true emergency situation arises, please call 911 or go to any local emergency room.

### **ELECTRONIC COMMUNICATION**

**I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. The most secure forms of**

**communication are through the telehealth platform messaging service as well as via email, which is encrypted.** 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. **Never use email or text messaging in the event of an emergency. In the event of emergency, contact 911 or visit your 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.

## **MINORS**

I do not provide services to minors at this time. If you are a minor I will be happy to provide you with referrals for a provider who can better meet your needs.

## **FAMILY THERAPY**

I do not provide family therapy services at this time. If you are looking for family therapy I will be happy to provide you with referrals for a provider who can better meet your needs.

## **INSURANCE FOR OUT OF NETWORK (OON) SERVICES**

I provide primarily out of pocket services for my clients, and only accept OHP insurance at this time. If you are looking to seek reimbursement for my services with your insurance provider, I am able to provide a Superbill for our completed services together.

Please note- Aside from OHP, **I do not engage directly with insurance providers. I will not engage in any additional services to submit paperwork, negotiate rates/reimbursement, or settle claims with your insurance provider.** By signing my practice policies you are agreeing that all activities related to insurance- including (but not limited to) seeking insurance reimbursement or providing additional required documentation beyond providing a Superbill to you directly- are your sole responsibility.

## **DUAL RELATIONSHIPS**

If, in the course of our work together, we discover a dual relationship that impacts our therapeutic relationship it may become necessary to refer you to another provider with whom you do not have a dual relationship. It is the responsibility of both the client and the therapist to disclose when knowledge of a dual relationship arises. In the event such a relationship occurs, I will be happy to provide you with a referral for a provider who can better serve you should a dual relationship occur.

## **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.**