

## Practice Policies

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**Please read the following policies carefully, as they pertain to important information regarding Cancellation Fees, Therapist Availability, Treatment Expectations, Payment, and Termination of Services.**

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## **PAYMENT, APPOINTMENTS AND CANCELLATIONS**

### **1. Cancellations, No Shows, and Rescheduling Policy**

- **Advance Notice:** Please cancel or reschedule your appointment at least 24 hours in advance. If you cancel less than 24 hours before your scheduled appointment, you will be responsible for the full session fee. This policy is in place because the time is reserved exclusively for you. Insurance will not pay this fee. This fee does not apply to patients using Medicaid, OHP or HealthShare.
- **No-Show Procedure:** If you do not join the video session within 15 minutes of the scheduled time and I have not received any communication from you via email, secure message, text, or phone, you will be considered a “no-show” and charged the full session fee.
- New clients with a scheduled first time appointment who cancel or no show twice will not in most cases be able to reschedule a third time. Established clients who cancel or no show three times in a row will not in most cases be able to reschedule and will be referred to a provider outside of Creative Mind Counseling.

- **Waiver of Fees:** The therapist is not obligated, but may waive the cancellation fee at their discretion (ie if another session can be scheduled later in the same week) or a one-time waiver due to extenuating circumstances.

## 2. Session Details

- **Duration:** All therapy sessions are conducted via telehealth video services and typically last 55 minutes, including psychotherapy, art therapy, relationship counseling, and EMDR therapy.
- **Late Arrival:** If you are late for a session, you may lose part of the session time, and no reimbursement will be provided for missed time.

## 3. Inactive Status

- **Three Consecutive No Shows/Cancellations:** Clients who cancel or no-show for three consecutive appointments without rescheduling will be considered "inactive." This status results in the loss of priority for recurring appointment slots and may lead to discharge from my caseload. Re-establishing care will be at my discretion, depending on factors such as current caseload and availability. If you do not schedule an appointment for three consecutive weeks and no prior arrangements have been made, I must, for legal and ethical **reasons, consider our professional relationship discontinued. At that point, you will be removed from my active caseload, and our therapeutic relationship will be considered terminated.**

## 4. Payment Processing

- **Electronic Payment:** Payment for sessions or late cancellations will be processed electronically, typically within 24 hours. Requests to delay

processing will be considered at the therapist's discretion and only for short periods to support continuity of care. Should a payment not process (due to client error, not updating card, etc), the client must update payment information and submit payment prior to the next scheduled session.

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## **SLIDING SCALE RATES**

The fee for therapy services ranges from \$200 to \$250 per session, depending on the type of service provided. Sliding scale rates may be available upon request for clients experiencing financial hardship. These rates are determined based on various factors, including business costs and available appointment slots.

Once a sliding scale rate is agreed upon, it will remain in effect for six months. At the end of this period, the therapist and client will review the rate and decide on the next steps. If you are able to afford the full rate before the review, please inform the therapist in good faith so that the fee can be updated accordingly.

Please note that if you request a superbill for insurance reimbursement, the therapist will not be able to offer sliding scale rates for those services due to legal and ethical constraints.

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## **TELEPHONE ACCESSIBILITY**

Please be aware that leaving a voicemail is not the preferred method of communication between sessions, as the current voicemail service is not HIPAA compliant. Do not leave confidential information in your message, as its security cannot be guaranteed. While I am often not immediately available, I will make every effort to return your call within 24 hours. In the event of a true emergency, please call 911 or visit your nearest emergency room.

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## **ELECTRONIC COMMUNICATION**

Please be aware that I cannot guarantee the confidentiality of any communication through electronic media, including text messages. The most secure methods of communication are via the telehealth platform messaging service and encrypted email. If you prefer to use email or text messaging for scheduling or cancellations, I will do my best to accommodate that. However, I may not be able to respond immediately, and I ask that you do not use these methods to discuss therapeutic content or request assistance during emergencies. Never use email or text messaging in the event of an emergency. In the event of an emergency, please contact 911 or go to your local emergency room.

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## **SOCIAL MEDIA AND ONLINE BOUNDARIES**

With the rise of mental health information on social media, it's easy to encounter incomplete or inaccurate content that may lead to confusion. Social media is not a reliable source for diagnosing or treating mental health conditions, and it should not replace professional care. Relying on it for self-diagnosis or solutions to mental health challenges can be misleading and potentially harmful. Mental health diagnoses are complex and require the expertise of a trained professional. If social media content contradicts your therapist's diagnosis or recommendations, please bring it to your session for discussion. The therapist assumes no liability for self-diagnosis or treatment based on social media content.

To protect your confidentiality and maintain clear professional boundaries, I do not accept friend or contact requests from current or former clients on social networking sites (e.g., Facebook, LinkedIn). Connecting on these platforms could compromise your privacy and blur the boundaries of our therapeutic relationship. If you have any questions or concerns about this policy, please feel free to discuss them with me during our sessions.

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## AUDIO/VIDEO RECORDING AND PRIVACY

In my practice, the therapist and the client(s) agree that neither will engage in audio or video recording of therapy sessions. The focus of our work together is on creating a secure and confidential environment, and recordings are not used. Should there be any changes to this policy or if recording becomes necessary for any reason, you will be notified in advance, and your explicit consent will be required. The client is responsible for ensuring that they are in a private, secure location during therapy sessions. This means that no one else should be present in the room during your sessions to maintain confidentiality and prevent interruptions. This includes silencing all forms of digital communication (ie texting, email, etc). Violations of this policy will be addressed directly, and may result in termination of services due to diminished efficacy of treatment and compromise of safety guidelines.

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## ARTIFICIAL INTELLIGENCE (AI) POLICY

Artificial intelligence (AI) is becoming increasingly popular in supporting clinical administrative tasks, such as scheduling, documentation, and billing. While AI can be a valuable tool in streamlining these processes, it is important to understand the limitations of AI in mental health care.

- **AI and Diagnosis:** AI is not a substitute for professional judgment. AI should not be used for diagnostic purposes, as it cannot fully capture the complexity of mental health conditions. All diagnoses are made by the therapist based on professional expertise, and AI should never be relied upon for this purpose.
- **AI Use in Sessions:** AI technologies such as recording or scribe software will not be used during therapy sessions unless explicitly agreed upon in writing by both the therapist and the client. Both parties must consent to any use of AI tools in the therapy process. Unauthorized use of AI in sessions by either party is strictly prohibited.

- **Client Discretion with AI Resources:** Any AI tools or resources suggested by the therapist are offered as optional aids. Clients should use these resources at their own discretion and understand that they are not a definitive source of diagnosis, recommendations, or evidence.
  - **HIPAA Compliance and AI:** Best efforts are made to ensure that any AI software or tools used in documentation or in handling private client information adhere to HIPAA standards. As your therapist, I commit to actively protecting client confidentiality and privacy in compliance with federal regulations to the best of my ability.
  - **Liability Disclaimer:** I assume no liability for the use of AI tools, whether inside or outside of therapy sessions. Clients are responsible for the use of any AI resources they choose to engage with and should consult their therapist or other professionals regarding any questions or concerns.
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## **MINORS AND/OR FAMILY THERAPY**

I do not provide services to minors or provide family therapy 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.

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## **OUT OF POCKET (OOP/Private Pay) AND OUT-OF-NETWORK (OON) SERVICES**

I primarily offer out-of-pocket (OOP) services, and I accept only a limited number of insurance plans at this time. If you choose to use OOP or out-of-network (OON) services for a service covered by your private insurance, you are opting out of utilizing your insurance benefits and agree to pay the full fee directly to the provider. Please be aware that some insurance providers do not permit OOP or private pay for covered services.

It is essential that you disclose your health insurance information to ensure compliance with your policy and to minimize any potential liabilities or complications for the provider.

By signing below, you agree to provide your health insurance details, even if you are choosing OOP or OON services, and to update us with any changes to your insurance coverage.

OOP and OON clients will receive a Good Faith Estimate, which outlines potential costs for services. Please note that Good Faith Estimates are not guarantees and may change based on various factors, such as the frequency and type of services required.

If you have any questions or need additional information, please contact your provider for assistance and to discuss available options.

For OOP and OON clients seeking reimbursement from insurance providers I do not accept: I can provide a Superbill for completed services. However, I will not interact directly with those insurance providers. This means I will not handle paperwork submission, negotiate rates, or settle claims with your insurance company.

**By signing my practice policies, you agree that all insurance-related activities—including seeking reimbursement or providing additional documentation beyond the Superbill—are your sole responsibility.**

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## **CLIENT RESPONSIBILITIES WHEN USING HEALTH INSURANCE**

If you choose to use your health insurance for therapy services, please be aware of the following responsibilities:

- 1. Insurance Information:** You are required to provide accurate and complete health insurance information before your first session. This includes details about your policy, coverage, and any changes to your insurance.
- 2. Verification of Benefits:** It is your responsibility to verify your insurance benefits, including coverage for mental health services, co-pays, deductibles, and any limitations or exclusions. I can assist with general information, but the final responsibility for understanding your benefits lies with you.

- 3. Notification of Changes:** Inform me promptly of any changes to your insurance coverage or personal information. This ensures that we can update our records and avoid potential issues with billing or coverage.
- 4. Payment of Non-Covered Fees:** You are responsible for any fees not covered by your insurance, including co-pays, deductibles, and services not covered by your plan. These payments are due at the time of service.

**By signing our practice policies, you acknowledge that you understand these responsibilities and agree to comply with them throughout your course of treatment. If you have any questions or need assistance, please contact me.**

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## **DUAL RELATIONSHIPS**

If, during our work together, we identify a dual relationship that affects our therapeutic relationship, it may be necessary to refer you to another provider with whom you do not have a dual relationship. Both the client and therapist share the responsibility to disclose any awareness of a dual relationship. Should this occur, I will gladly provide you with a referral to a provider who can better serve your needs.

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## **TERMINATION**

Ending a therapeutic relationship can be challenging, so it's important to have a termination process to facilitate closure. The length of this process will vary depending on the duration and intensity of the treatment. Either the client or therapist may initiate termination- I will always discuss it with you beforehand if I believe therapy is not being effectively utilized or if there is an outstanding payment issue. I will not terminate our therapeutic relationship without first discussing the reasons and purposes for termination with you. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists. You are also free to choose another therapist on your own or from another referral source.

**BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ,  
UNDERSTOOD, AND AGREE TO THE TERMS OUTLINED IN THIS DOCUMENT. IF  
YOU HAVE ANY QUESTIONS OR NEED FURTHER INFORMATION, PLEASE  
REACH OUT BEFORE SIGNING THIS DOCUMENT SO I CAN ADDRESS YOUR  
CONCERNS BEFORE WE BEGIN WORKING TOGETHER.**