

Practice Policies  
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## PAYMENT, APPOINTMENTS, AND CANCELLATIONS

Please remember to cancel or reschedule 24 hours in advance. You will be responsible for a \$100 fee (or the full session amount for services less than \$100) 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.

The standard meeting time for psychotherapy is 50 minutes for psychotherapy and relationship counseling (80 minutes for EMDR services). Requests to change the allotted session time need to be discussed with the therapist at the time of scheduling in order for time/rates to be adjusted, as necessary. 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 are more than 20 minutes late to a session without communication, I will attempt to contact you via phone call and/or email. If you do not answer your phone or respond within 5 minutes time, I will have to assume you are not attending and will charge the full cancellation fee. You are welcome to secure message me via the Client Portal or call me to see if I am still available to rejoin for the remainder of your scheduled session time, though this does not guarantee that I will be available to do so.

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

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

## SLIDING SCALE RATES

This therapist's fee for therapy services is currently ranged between \$180-\$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.

#### 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. 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.

#### SERVICES VIA TELEHEALTH (VIDEO) AND ELECTRONIC MEANS

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 the California Telemedicine Act of 1996, 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 to the therapist.

## 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.

## FAMILY THERAPY

It is the determination of this therapist that family therapy interventions will be provided in the context of working with all family members as the "client" and focus of treatment.

In the case of minors, treatment will primarily be focused on working with parents/caregivers. In the case of adults in their family systems, all members willing to engage in the process will be given focus in clinical treatment. Please see "Policy Working with Minors" for greater detail.

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

I provide primarily out of pocket services for my clients, and do not currently accept any 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- **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.

#### 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.