

POLICIES

Communication and Appointments:

Please direct all non-emergency calls to my office voice mail at 802.264.5333 ext 106. If I am unavailable at the time of your call please leave a message and I will return your call as soon as possible, (usually within the next 1-2 business days). During non-work hours, you may leave a message on my voice mail and I will similarly return your call. If you do not hear back from me in this time frame, please call again as occasionally there are problems with voice mail messages.

Electronic Communication and Social Media :

Email, texting and related technologies pose inevitable risks to confidentiality. They are subject to “hacking” and data stealing. If you provide me with your email address and cell phone *number in the “New Client Data form” you are agreeing to assume those risks.* Please use email only for brief messages or scheduling issues, in order to protect your privacy as much as possible. Because social media networks such as Facebook, LinkedIn, etc., are an even greater risk to your confidentiality, I do not connect with clients in any way on social media.

I may use a HIPAA compliant text or email based appointment reminder program to remind you of your appointment. If you do not want appointment reminders, please let me know. I use a HIPAA compliant company for electronic submission of insurance claims. I use IVY or Square for processing credit, debit HSA and FSA cards. If you agree to IVY, you are agreeing that I may charge the card you have placed in the system, following your appointment.

Public encounters: In order to protect your privacy, I do not initiate contact with clients in public places. Should we encounter each other outside of the office, I will not openly greet you first, unless we have made a prior agreement. I will respond should you greet me first and take your lead on how introductions will be made if there is a need for that.

Emergencies and after hours:

During work or after hours if I am unavailable, or at any time, if you have **mental health emergency (i.e., extreme behavioral situations, risk of suicide or bodily harm to you or another person)** go directly to the nearest emergency room, or call 911 for immediate assistance. If not imminently life threatening, you may choose to text the Vermont Suicide prevention center at 741741, or call the emergency mental health service in your county:

- Chittenden County Crisis (First Call) (802) 488-7777
- Franklin County Crisis (802) 524-6554
- Washington County Crisis (802) 229-0591
- Addison County Crisis (802) 388-7641

People living outside these counties can consult their local listings for their county’s emergency service numbers. When appropriate, you may inform emergency services you are engaging in mental health therapy with me, and provide my contact information, with a signed release of information form so that they may speak with me.

Cancelled Appointments:

24-hour notification to cancel an appointment is required, and with advance notification, no fee will be charged. If you do not provide this notice, you will be charged a \$50 cancellation fee (insurance does not cover missed appointments.) If you have Medicaid, please know that Medicaid does not permit direct billing

to clients (I can't charge a cancellation fee.) Please make every effort to keep appointments and follow the cancellation policy. If you miss three appointments without 24-hour notice, I reserve the right to change your scheduling to a same day appointment if one is available and or discontinue services and provide you with information and referrals for other service providers. In the case of major weather challenges, the cancellation fee will not be imposed. If you are sick and cannot make an appointment, please contact me by 8:00 am to avoid being billed for the session. Likewise, if I cannot make a scheduled appointment due to inclement weather or illness, I will call you at the number you provide me.

Financial Responsibility for Clients:

My initial evaluation fee is \$125.00 for the first session. Follow up visits, which last 45-55 minutes, are \$110 per session. I expect payment at the time of service for self-pay, deductibles or co-payments.

I am a participating provider for a number of insurance companies, and accept their contracted rates. It is your responsibility to contact your insurance carrier to review your coverage. If I am a provider for your insurance carrier I will bill them directly. **You are responsible for charges that are not covered by your insurance including deductibles and co-payments, therefore it is very important that YOU CHECK WITH YOUR INSURANCE COMPANY PRIOR TO OUR FIRST SESSION.** I also may charge separately for report preparation, meetings/consultations or sessions agreed to that go beyond those approved by your insurance carrier. Such fees are due at the time of service. Telephone consultations that exceed 15 minutes may be billed to the client at the regular rate.

All insurance plans vary, and you are responsible for finding out the details of your plan. Some require pre-authorization by your primary care provider or by the insurance company directly before they will pay for services. Some plans authorize a set number of sessions. You are responsible for tracking this information. Some insurance companies require that I provide verbal or written up-dates of your treatment on a periodic basis in order for services to be covered or continued. I will provide these updates with your written or verbal permission.

Please inform me ahead of time of any changes in your insurance coverage or plan information. If you are unable to obtain insurance and if you are experiencing financial hardship, a sliding fee scale is available.

By signing this document, you authorize your insurance benefits to be paid directly to Judi Daly LICSW.

If necessary, I may utilize the assistance of small claims court or a collection agency to receive payment for services provided.

Checks are payable to Judi Daly, LICSW, PLLC. You are responsible for any bank imposed costs for bounced checks.

Record Retention: It is my practice, in conjunction with state laws and insurance requirements, to retain the record of your work with me for 7 years from the date of last session with me. I will destroy records by the end of the calendar year (if not before) after the 7 year mark. For minors at the time of service, the 7 years starts when they turn 18. Should you require information from your record, please notify me within the 7 year period. Be advised that I may NOT provide you with documents provided by a third party, you may request

such documents from the individual or organization that provided them to me(examples include but are not limited to notes from a medical provider, other mental health treatment providers, etc.)

Unexpected therapist absence: In the event of my unplanned absence from practice, whether due to injury, illness, death, or any other unexpected major reason, I maintain a Professional Will with instructions for an Executor, or Secondary Executor, to inform you of my status and, if you chose, to help you transition to another therapist, including forwarding records to the selected therapist or releasing the record to you. By signing this form, you authorize the Executor to access your treatment and financial records only in accordance with the terms of my Professional Will, and only in the event that I experience such an event. If the Executor requires assistance to complete these tasks, they may obtain assistance from others, in a professional manner, as they deem necessary. I can provide you with the name of my Executor and Secondary Executor if you request it. By signing this form, you are authorizing my executors to conduct this business without obtaining a new consent from you.

Agreement:

My signature below represents my understanding of, and agreement to, the policies contained in this document.

Client, guardian or authorized representative

Date

Client, guardian or authorized representative

Date