

# Practice Policies

---

Holly Sherrer Counseling LLC

525 Hercules Drive, Suite 1A, Colchester, VT 05446

(802) 488-5057

---

## Practice Policies

---

### AI Usage & Recording Sessions:

I **do not use generative artificial intelligence (AI) in my clinical practice**. To the fullest extent of my knowledge and consent, your sessions are never being recorded, transcribed, or listened to by outside technology in any way, unless you and I agree together to record a session for my direct supervisor and supervision practice only. All notes and other documentation are written directly by me after our sessions.

I **strongly advise against and do not condone using generative AI, such as ChatGPT, for mental health advice or as a substitute counselor**. Using generative AI for mental health support has had negative and even fatal effects. Please let me know if you need more support outside of sessions, and we can discuss hotlines, support groups, or a higher level of care.

I also ask that you **refrain from recording our sessions** via audio, video, transcription, or any other method, unless we've already talked about it and agreed that this is a necessary accommodation based on your needs. Recording on your personal devices creates a privacy risk and may change how you engage with the session. If we agree to have you record sessions as an accommodation, it is against practice policies to post the session (in full or in part) online or share it with other people.

---

### Communication Outside of Sessions:

Please see the "After-Hours Availability" section of the *Informed Consent* document. I check my phone and messages at least twice daily between 9:00 am and 5:00 pm on Mondays, Tuesdays, Thursdays, and Fridays (unless I am out of the office for a planned or unplanned absence). I will do my best to respond to you within two business days. If you do not hear from me within two business days, please try again, as I may not have received your message. You may also contact my supervisor (Leora Black, Ph.D., 802-264-5333 ext. 101).

If you are **having an emergency**, please **call 911, the National Crisis & Suicide Hotline at 988, or go to the emergency room**. If you are having an urgent situation that is not immediately life-threatening, you may also text the Vermont Crisis Text Line at 741741 or call your local mental health crisis service. It is your responsibility to find and save your local mental health crisis numbers.

- **Appropriate Communication\*\***: Communication between sessions is only for the purpose of confirming appointments, rescheduling or cancelling appointments, requesting a session or phone call, and other administrative matters. I ask that **\*\*all non-administrative communication be saved for sessions or scheduled phone calls**. If you have information you'd like to share with me (such as details about events or experiences, website links, things you think of between sessions, conversations with others, etc.), please **write them down in a secure manner and bring them to session** where they can be addressed appropriately. If you have a non-emergent matter that needs to be addressed before your next scheduled session, please **contact me with a request to schedule an additional session or a phone call**. Please do not leave the personal details of the situation in the voicemail, text, message, email, etc. I cannot guarantee a response time quicker than 2 business days or after business hours, but I will do my best to respond to you quickly to set up an appointment or call. If your situation requires a more urgent response, please follow the instructions above for what to do in an emergency or urgent situation. All communication is recorded in your counseling record.
  - **Electronic Communication**: All electronic communication (including but not limited to texting, email, online messaging, and online documents) carries an **inherent privacy risk**. By opting to communicate or receive communication through any electronic method, you assume these risks. **You may opt out of using any type(s) of communication at any time**. I need at least one reliable way to reach you (including telephone call with access to voicemail) in case of cancellations, scheduling changes, or other related matters. You may let me know how you prefer to receive communication.
  - **SimplePractice Messaging**: Through the SimplePractice portal, clients and clinicians are able to engage in secure messaging. Because these messages are secured on both ends (clinician and client, unlike most clients' personal phone or email), it is a safer way to communicate through writing, though it is not without risk. Clients can download the SimplePractice app to have access to the messaging system on their phone, similar to texting.
  - **Appointment Reminders**: By default, you will receive automated appointment reminders 48 hours before your scheduled appointment via email and 24 hours before your scheduled appointment via text message. If you prefer to receive voicemail reminders, prefer to receive only text or email, or prefer to receive no reminders at all, please let me know. Unfortunately, I am unable to adjust the timing of the reminders for individual clients.
  - **Public Encounters**: Since we live in the same state (and often in the same community), it is likely that we will encounter each other outside of session in the activities of daily life. By default, to protect your privacy, **I will not acknowledge you in public** to any extent more than I would acknowledge someone I haven't met. Please feel free to do the same. **If you greet me in public, I will reply in turn**, and I will let you decide whether or how you'd like to introduce me to anyone you may be with. Any **conversations in public should be brief and related to the situation/event; please save all clinical conversation for sessions**.
  - **Social Media**: 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.
-

**Appointments and Cancellations:** Please contact me to cancel your appointment as soon as you know that you will be unavailable, no less than 24 hours before your scheduled appointment time. You will be responsible for a **\$50 cancellation fee if you cancel your appointment less than 24 hours before the scheduled time** or if you do not give notice and do not attend your appointment ("no show"). This is necessary because a time commitment is made to you and is held exclusively for you. Clients using Medicaid insurance are legally exempt from cancellation fees; please still cancel at least 24 hours in advance to respect the time of your clinician and of others who may be waiting for an appointment opening.

**After 3 late cancellations or no-shows in the same calendar year, a regular session time may not be able to be reserved for you.** You may ask to be put on a cancellation list or may ask for referrals to other clinicians.

I understand that illness and family emergencies are often unpredictable and may lead to cancellations less than 24 hours before your scheduled appointment time. I reserve the right, at my discretion, to waive the cancellation fee or not count a late cancellation toward the yearly limit. This will be determined on a case-by-case basis, taking into account the frequency of late cancellations, the nature of the illness or emergency, and the ability to reschedule.

**Typical appointments are scheduled for 55 minutes**, unless we meet our clinical goals for any particular session and decide together to end the session earlier. Please let me know ahead of time if you know you will only be available for part of your appointment time (i.e., will be late or will need to end early). If you are late for your session, the missed time will not be able to be made up at the end of the session due to other scheduling commitments. If you would prefer to schedule shorter sessions, please let me know, and we can decide on an amount of time that allows us to still meet our clinical goals.

---

#### **Fees & Payments:**

**Invoices** (for co-pays, deductibles, private pay, or other fees) are **sent to your email through Simple Practice, typically every 6-8 weeks**. Clients can pay invoices via credit card on Simple Practice. If you are unable to make online payments, we can set up an alternate method.

Any unpaid balance will be billed to you, electronically and/or through mail. Payment is required by the due date marked on the invoice, typically one month from the day the invoice is sent. Please contact me if there are extenuating circumstances.

Your insurance may cover a diagnostic evaluation, individual sessions, family sessions (with or without the client present), and group sessions. It is **your responsibility to contact your insurance provider and ask which services are covered under your plan**, as well as if any deductibles or co-payments apply. Additional fees *not* covered by insurance may include:

- **Late Cancellation Fees:** Appointments canceled less than 24 hours before the scheduled appointment time are subject to a \$50 cancellation fee.
- **Session Fees:** Payments for co-pays, deductibles, private-pay sessions, sessions outside of what your insurance covers, and other fees are expected by the due date listed on your invoices (typically one month from the date the invoice was issued). I am legally unable to waive co-pay or deductible fees. Please contact me to set up a payment plan or extended due date if there are financial concerns.
- **Other Calls/Meetings:** Additional telephone calls, video calls, or in-person meetings that meet the criteria for a counseling session (16+ minutes of clinical counseling services provided to the client or a client's family member for purposes of treating a client's identified mental health condition) will be billed to the client's insurance as such. Other calls or meetings lasting 15 minutes or more may be billed to the client at \$1 per minute, including travel time to/from an in-person meeting venue. This includes calls/meetings initiated by the client/guardian or agreed upon in advance by the client/guardian and clinician for the purposes of coordinating care. This does not include the initial consultation prior to the first appointment, consultation with other professionals initiated by the clinician, or brief contacts (less than 15 minutes).
- **Report Preparation, Letters, Forms, etc.:** Official written communication requested by the client is billed at \$15 per 15 minutes spent writing/preparing. Some written communication (such as letters requesting specific accommodations) may be outside of my scope of practice. Your participation in counseling does not guarantee the ability to receive such letters, forms, etc.
- **Legal Fees\*\*:** I **\*\*aim to avoid participation in legal matters**, as it may require the sharing of your confidential information and prevents me from providing necessary services to my other clients. The fee for me to appear in court is \$750 for the first hour (or portion thereof) and \$250 for each subsequent hour (or portion thereof), including time spent testifying and time spent waiting in the court (before/after testifying, as well as time spent waiting to be called, even if I am not called and do not end up testifying). Clients are also responsible for an additional \$250 per hour for court preparation (document review, letter preparation, phone consultations with you or with other professionals, record copying, and other reasonable preparation activities) at a minimum of two hours (\$500). Payment for court preparation and the first hour of court appearance is due 24 hours before the time the clinician is scheduled to appear. Additional hours will be billed to you after the appearance.

---

**Termination:** The termination process (ending the therapeutic relationship) is different for each client. Ideally, termination will be an agreed-upon decision we make together when you have met your treatment goals, are maintaining progress, and no longer need regular counseling services. However, **you may terminate treatment at any time for any reason**. There is significant therapeutic benefit in having at least one termination session to review progress and plan for future challenges, but you are not required to do so. Clients who have previously terminated sessions are welcome to reach back out if they need services in the future, but I cannot guarantee availability.

As your clinician, **I may also terminate treatment (after a termination process and appropriate discussion with you) in certain situations**. These include if I believe counseling is causing you harm or preventing your personal growth, if it is no longer medically necessary, if you break the agreed-upon terms of treatment, if I have a significant privacy or safety concern, if you move out of Vermont, or if you default on payments without a reasonable and timely plan to fix it. If I determine that there is **a significant clinical concern that is outside my scope of practice, I may refer you to another clinician who specializes in that concern**, either instead of or along with my services. I also may need to terminate treatment if I am incapacitated, closing my practice, or changing/decreasing session time offerings in a way that does not permit rescheduling. Except in circumstances of incapacitation, I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. I will also offer you at least one final session when at all possible.

If your treatment is terminated for any reason, or if you request a new clinician, I will do my best to provide you with referrals to other clinicians who may be able to treat you.

**If I try 3 times within 30 days to contact you and am unable to make contact, I will consider this to be you terminating the therapeutic relationship** and will close your case. This does not include circumstances where clients communicate ahead of time that they will be unreachable for a specific span of time.

---

*By signing below I am agreeing that I have read, understood, and agree to the items contained in this document, including policies about communication, appointments, fees, and the termination process.*