

Practice Policies

Effective Counseling Solutions - 822 Portage Trail, Cuyahoga Falls, OH 44221 - ph: (833) 944-7571

PRACTICE POLICIES

APPOINTMENTS AND CANCELLATIONS Please remember to cancel or reschedule 24 hours in advance. We require a credit card to be kept on file in order to schedule future appointments. Your card will be automatically charged the full fee amount (\$140, or, \$180 for *Psy.D/Ph.D. licensure*) if you cancel with less than 24 hours notice. Monday appointments must be cancelled by noon on Friday or the previous business day, appointments scheduled the day after a holiday must be cancelled by noon the previous business day. This policy is upheld as scheduled appointments represent a time being held for your mental health care at your request; failure to attend this appointment represents a financial loss for your provider and represents available time lost to other clients who are waiting to be seen.

The standard meeting time for psychotherapy is 50 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 50-minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

Cancellations and re-scheduled sessions will be subject to a full charge (\$140, or, \$180 for *Psy.D/Ph.D. licensure*) if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. The card on file will be automatically charged. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time. **MONDAY APPOINTMENTS MUST BE CANCELLED BY NOON ON FRIDAYS and APPOINTMENTS SCHEDULED FOR THE DAY AFTER A HOLIDAY MUST BE CANCELLED BY NOON THE PREVIOUS BUSINESS DAY.**

We operate on a zero dollar balance requirement for client accounts; invoices are due upon receipt. Our office verifies insurance benefits and bills insurance companies as a courtesy to the client. Benefit verification is not a guarantee of coverage or reimbursement. It is ultimately the clients responsibility to know their policy and for payment in full for any portion of services insurance does not cover. Service copays and deductible payments are due at time of service; we will charge the card on file during session for service copays and deductible payments. Account balances must be paid at the time of service and must reflect a zero dollar balance in order to schedule future appointments.

A \$45.00 service charge will be charged for any checks returned for any reason for special handling.

APPOINTMENTS AND FEES

Initial Appointment/Diagnostic Assessment \$160 (*\$200 for Psy.D/Ph.D. licensure*)

Individual appointment (45 minutes, must be scheduled in advance for discounted rate) \$120 (*\$160 for Psy.D/Ph.D. licensure*)

Individual appointment (53 minutes) \$140 (*\$180 for Psy.D/Ph.D. licensure*)

Missed appointments (see cancellation policy) \$140 (*\$180 for Psy.D/Ph.D. licensure*)

Assessment forms for evaluations \$6.00/minute, \$15.00 per form billable directly to client

Phone calls and emails longer than 5 minutes \$4.00/minute billable directly to client

Letters, formal reports, travel time for "out of office services" \$6.00 per minute billable directly to client

Testifying in court, depositions, and court related work including travel time is payable in full in advance including if subpoenaed, or called by another party: \$600 required half day retainer, \$140/hour for each following hour (*or, \$800 required half day retainer for Psy.D./Ph.D licensure, \$180 for each following hour*)

TELEPHONE ACCESSIBILITY If you need to contact me between sessions, please leave a message on my voice mail. I am often not immediately available; however, I will attempt to return your call within 24 hours. Please note that Face- to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions and Telehealth sessions are available. If a true emergency situation arises, please call 911 or any 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.

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.

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 the therapist.

SIMPLE PRACTICE APP

We recommend that you download the Simple Practice app. This is a free app that will allow you to securely message your provider, manage account balances, and schedule future appointments.

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. Parents: If there are any custody or court documented paperwork regarding parental custody or parental right in regard to initiation of medical services, these documents must be provided to your clinician at the initial session.

PARENTS OF MINORS

Parents of minors, please be aware that both parents must sign consent paperwork in order for your child to be seen. Failure to complete consent paperwork and custody affidavit will result in cancellation of appointments.

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 2 consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued. One or more no call/no shows or late cancelations for scheduled appointments are grounds for immediate termination of relationship. Therapeutic noncompliance is also grounds for therapy termination; this could include not attending scheduled appointments, frequent cancellations, or failure to engage in the therapeutic process.

Failure to complete intake paperwork one week prior to your first appointment will result in loss of your appointment time and require you to schedule your initial appointment for a later date.

RELEASE OF LIABILITY: The client releases the therapist from liability of their psychological counseling/care within one week of a missed appointment or upon cancelling an appointment without rescheduling.

RETURNING CLIENTS: Clients absent from therapy for longer than 3 months are considered a returning client and will be billed as a new client. Client's absent from therapy for more than 1 years time will need to complete updated paperwork. Clients with existing balances wanting to return to the practice will not be able to schedule until payment is made in full.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.