

# Practice Policies

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Námasté Mental Health Therapy LLC

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## PRACTICE POLICIES

**APPOINTMENTS AND CANCELLATIONS** Please remember to cancel or reschedule 24 hours in advance. You will be responsible for the entire fee if you request cancellation or to reschedule less than 24 hours prior to previously scheduled psychotherapy sessions.

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

Cancellations and re-scheduled session will be subject to a full charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. 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 will lose some of that session time.

**TELEPHONE ACCESSIBILITY** If you need to contact me between sessions, please email me or use Namaste's secure & confidential Client Portal. Often, I am not immediately available; however, I will attempt to return contact within 24 hours. In the event that you are out of town, sick or prefer to not meet in-person, 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 for issues regarding scheduling or cancellations, I will do so. While I try to return messages in a timely manner, I cannot guarantee immediate response and request that you use the secure & confidential Client Portal to discuss therapeutic content and/or request assistance for emergencies.

## LEGISLATIVE CONTEXT

Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology (e.g., telephone communication, the Internet, facsimile machines, and e-mail) to deliver medical services and information from one location to another. If you choose 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, 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.

**MINORS** If you are a minor, your legal guardian(s) (e.g., parents) may be legally entitled to some information about your therapy. I will discuss with you and your legal guardian(s) what information is appropriate for them to receive and which issues are more appropriately kept confidential.

#### **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 fifty two consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

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