



Upwards 'N' Onwards, LLC

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PRACTICE POLICIES

The standard meeting time for individual therapy sessions is **45** minutes. Diagnostic Evaluation sessions (usually completed during the intake session) are **45-60** minutes. Group therapy sessions are typically **90** minutes. Couple and family sessions can range from **45-60** minutes.

How we use the time allotted for individual, couples and family therapy sessions are determined by the individual, couple and/or family. Requests to change the 45-minute session needs to be discussed with Melanie (and possibly your insurance company) in advance. Doing so, allows for additional time to be scheduled in advance and to ensure there are no payment restrictions.

In order to allow each appointment to be held within its dedicated time, please note that if you are late for a session, you will only be allotted the amount of time remaining in your scheduled appointment time.

APPOINTMENTS AND CANCELLATIONS

Appointments must be cancelled or rescheduled at least 24 hours in advance. You will be responsible for paying the fees associated with your appointment if cancellation or rescheduling occurs within less than 24 hours in advance. Subsequent appointments will not be scheduled until cancellation fees are paid in full. If your subsequent appointment is already scheduled it will be released if fee is not paid by the date in which you are instructed to pay it by. This is necessary because each appointment is a time commitment being made to you and held exclusively for you.

PAYMENT

All patients will have a credit card on file, which will be used to process fees associated with cancelled or rescheduled appointments (as outlined above). Please note that upon notice of

changes to the appointment outside of the 24 hours window, this credit card will be automatically charged.

All cash payments including co-payments and payment for services are due at the onset of the appointment. Credit card payments will typically be charged at onset of the appointment but are subject to being charged at the conclusion of the session.

Checks are not preferred but if you desire to pay by check please note that it is common practice for the check to be deposited at the end of the evening. If the check is returned you will have to pay for both that session and the next session in cash or with the credit card on file before your next appointment. A \$35.00 service charge for special handling will be charged for each check returned for any reason.

TELEPHONE ACCESSIBILITY

If you need to contact me between sessions, please leave a message on my voice mail (617.477.9078). 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 and Tele-Health sessions are available. If a true emergency situation arises, please call 911 or visit 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. Please see the Social Media Policy for additional information. If you have questions, please bring discuss them with me when we meet next.

ELECTRONIC COMMUNICATION

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. 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.

MINORS

If you are a minor (under 18 years old), your parents/guardians may be legally entitled to some information about your therapy. I will discuss with you and your parents/guardians 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. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of termination. If therapy is terminated for any reason or you request another therapist, I will offer you a referral. You may also choose someone on your own or from another referral source.

Please note:

1. In the event that you are not adhering to the outline practice policies or if you are in default of payment I will prompt alternative action from you but should you not respond accordingly, I will notify you of my decision to cancel all future scheduled appointments and terminate treatment.
2. 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.

Acknowledgement of Upwards 'N' Onwards' Practice Policies

By signing below, you are acknowledging that you have received, read and understood the above stated Practice Policies.

Signature of Patient

Signature of Therapist

Date

Date

Signature of Patient Personal Representative

Printed Name of Patient Personal Representative

Date

Description of Personal Representative's Authority