

Threefold Health/ AJS Mental Health Counseling, PLLC

Hudson, NY

www.threefold-health.com

(518) 945-8584

PRACTICE POLICIES - Revised 3/27/2024

BILLING Payment is due at the time of session and can be made in the form of cash, check, or credit card. When using insurance to pay for your services a copayment or deductible may still be required based on your insurance plan. We do not guarantee that your insurance will pay for services-this includes services that are in-network and/or verified with the insurance company. We will make all reasonable efforts to solicit payment from insurance companies. Generally we will limit attempts to bill insurances to 60 days from the date of service. Services that are not paid by the insurance company will be directly billed to you.

Unless given prior approval and other arrangements made, we require a credit card on file and your card will be charged the full amount due at the end of every session. Invoices will be sent electronically, if hard copies are requested or required there will be an additional fee. Balances that are over 30 days past due will incur late fees. A \$50.00 service fee may be charged for any checks returned for any reason for special handling. Please note that for credit card payments there is a 3% processing fee which will be added to your invoice. We do not accept debit cards.

Phone consultations or requests for letters to outside entities (including consultations with other professionals) that extend beyond 10 minutes in duration may be billed at the provider's rate (up to \$350 per hour), prorated accordingly. Outside meetings, consultations, home visits, mandated court appearances, etc. (including travel time) will also be billed at the provider's rate, prorated accordingly.

Outstanding balances of more than 90 days will be referred for collections action. The provider will also provide pre termination counseling and a referral to another provider if indicated.

Should you have questions regarding your insurance, invoice, or other billing questions, please contact out Billing Department at 518-610-8449.

MINORS If you are a minor (under the age of 18), your parents may be legally entitled to some information about your therapy. We will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

If you are a parent or legal guardian of a client who is a minor you are financially responsible for the services of the client. Parents and legal guardians have certain legal rights to have access to minor's records, however such requests may be harmful to the therapeutic process and a therapist may discuss with you why we may initially decline such requests.

Cancellations may not be accepted by children under 18 or by nannies/babysitters. Parents must inform the provider of any cancellations.

APPOINTMENTS AND CANCELLATIONS Please remember to cancel or reschedule 24 hours in advance. You will be responsible for the entire fee (up to \$300) for NO SHOW appointments where no cancellation is made. There may be a late fee of up to \$75 for LATE cancellations (cancellations with less than 24 hours

notice). Late cancellations that are rescheduled may still be subject to this cancellation fee. 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. Similar to late cancellations or missed sessions, sessions that are ended early or started late and are not able to be fully billed through insurance will be billed (prorated) directly to the client.

The standard meeting time for psychotherapy is 53 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 53-minute session needs to be discussed with your therapist in order for time to be scheduled in advance. Additional fees may be required for a longer appointment.

A \$50.00 service fee may be charged for any checks returned for any reason for special handling.

TELEPHONE ACCESSIBILITY If you need to contact your provider or therapist between sessions, please leave a message on the provider/therapist's voicemail/or send a text message. Providers/therapists are often not immediately available; however, they will attempt to return your call within 24 hours. 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, therapists do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). We 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 meeting with your therapist and you can talk more about it.

ELECTRONIC COMMUNICATION We cannot guarantee 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, we will do so. While we may try to return messages in a timely manner, we 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.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. 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 to the therapist.

Clinicians may only provide services in the state in which they are licensed. This can present issues with telecommunications. It is the responsibility of the client to inform the clinician if they are physically located out of New York State while reviewing services or otherwise in a location in which the clinician is not able to provide services.

LEGAL /SUBPOENAS Responding to legal requests and subpoenas is often time consuming and takes clinician time away from other billable clinical operations. If you, anyone working on your behalf or your child's behalf, subpoena testimony or clinical records from AJS Mental Health Counseling, PLLC or any of its individual clinicians, interns, employees or contracted agents, you may be billed at \$350 per hour for all preparatory, case work, communications, testimony or related time. You may also be billed a reasonable amount for hard copies of any records requested.

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. We may terminate treatment after appropriate discussion with you and a termination process if we determine that the psychotherapy is not being effectively used or if you are in default on payment. We 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, we 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 three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, we must consider the professional relationship discontinued.

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

Client Signature

Date