

PRACTICE POLICIES

FEE, APPOINTMENTS AND CANCELLATIONS

The standard meeting time for psychotherapy is 50 minutes. Requests to change the 50-minute session need to be discussed with the therapist in order for time to be scheduled in advance.

My standard fee is \$225 per session. If paying by credit card, the client's card will be charged after each session, unless a request to make payment otherwise. 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 the client and is held exclusively. If the client is late for a session, they may lose some of that session time.**

TELEPHONE ACCESSIBILITY If clients need to contact me between sessions, they may leave a message on my voice mail. I am often not immediately available; however, I will attempt to return calls within 24 hours. Please note that Face-to-face sessions are highly preferable to phone sessions. However, in the event that a client is out of town, sick or need additional support, phone sessions are available. If a true emergency situation arises, please call 911, 988 or any local emergency room.

SOCIAL MEDIA AND TELECOMMUNICATION Due to the importance of 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 a client's confidentiality and the respective privacy. It may also blur the boundaries of the therapeutic relationship. If there are any questions about this, please bring them up during a meeting and talk more about it.

ELECTRONIC COMMUNICATION I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If clients 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 clients 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 clients and the therapist chose to use information technology for some or all of treatment, clients need to understand that: (1) Clients 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 would otherwise be entitled. (2) All existing confidentiality protections are equally applicable. (3) Clients 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 identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without a client's 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: 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 clients may not recognize as significant to present verbally the therapist.

MINORS If the client is a minor, parents may be legally entitled to some information about therapy. I will discuss with the client and parents what information is appropriate 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 and a termination process if I determine that the psychotherapy is not being effectively used or if clients 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 another therapist is requested, I will provide a list of qualified psychotherapists. Clients may also choose someone on their own or from another referral source.

Should a client 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.