

PRACTICE POLICIES

This document contains important information about my professional services and policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations.

Although these documents are long and sometimes complex, it is very important that you understand them. Signing this document represents an agreement between us. We can discuss any questions you have when you sign or at any point in the future.

PSYCHOLOGICAL SERVICES

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in therapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights of which you should be aware. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of life, you or your child may experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness, and helplessness. Alternatively, psychotherapy has also been shown to have benefits including better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of the type of feelings or results that you or your child will experience. Psychotherapy requires a very active effort on your part and/or your child's part. In order to be most successful, you and/or your child will have to work on things we discuss outside of sessions with "homework." Additionally, change is a process, one that takes time and commitment. The more committed you and/or your child are, the more likely you and/or your child are to be successful in treatment and reach your and/or your child's goals. The first one to two sessions typically involve an evaluation of you and/or your child's needs.

In addition, when working with children and problem behaviors, parents may very well see the unwanted behavior(s) increase (gets worse) before they decrease. It is important to be consistent and supportive during the challenging transition.

APPOINTMENTS

Therapy appointments will ordinarily be 50 minutes in duration. A typical therapy session involves approximately 50 minutes of therapy and 10 minutes on notes/documentation by the therapist after the session. If, due to the age of the child, shorter therapy sessions are more appropriate a prorated fee will be determined.

CANCELLATION/NO SHOW POLICY:

Clients can cancel or reschedule an appointment anytime, if they provide 24 hours' notice. If you cancel an appointment with less than 24 hours' notice, or fail to show up, you will be charged a **\$80** fee for the missed appointment via the card you have on file. Exceptions may be made for emergencies or sicknesses. The first cancellation is typically waived. The fee *will not* be waived if you or your child/teen does not show up for an appointment without a call, text, or email notification prior to the appointment time.

Late Arrival:

If you arrive late for an appointment, the appointment will end 50 minutes from the scheduled start time.

Multiple Cancelled or Missed Appointments:

- If you are a **weekly** client and you miss three scheduled appointments within a **three-month time period**, the therapeutic relationship may be terminated and appropriate referrals to other practices will be offered.
- If you are a **bi-weekly** client and you miss two scheduled appointments in a **two-month period**, the therapeutic relationship may be terminated and appropriate referrals to other practices will be offered.

THERAPY FEES & PAYMENT

Clients (or the responsible party) will be charged on the day of the session. My policy is that all clients keep a card on file through the Electronic Health Records system. The fee for the initial intake session is \$200 and the fee for each 50-minute therapy session is \$160. Payments accepted: Cash, Check, Credit/Debit card, HSA/FSA. If your account has not been paid for more than 60 days and arrangements for payment have not been made, I have the option of using legal means to secure the payment such as a collection agency or small claims court, which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

Clients who carry insurance should remember that professional services are rendered and charged to the clients and not submitted to the insurance companies. At your request, I will provide you with a copy of your receipt on a monthly basis, which you can then submit to your insurance company for reimbursement, if you so choose. Please be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems, which are dealt with in psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location in the office. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Your records are maintained in a secured, HIPAA-compliant electronic medical records system that is highly safeguarded.

CONTACTING

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voicemail that I monitor frequently. Additionally, the client portal provides the ability to send HIPAA compliant messages and share information/files securely. I will make every effort to return your call or message on the same day you make it, with the exception of weekends and holidays. During the normal work week, I am generally able to return a message within approximately 24 hours. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If you have an emergency, and cannot reach me by phone or email, it is best to **immediately call 911**, go to the nearest **hospital emergency room**.

Texting is reserved for scheduling purposes only. Often, teen and young adult clients are independent in their scheduling and are welcome to text me to reschedule or let me know if they are running late.

MINOR CONFIDENTIALITY FOR THERAPY

In the case of child/teen therapy, it is most effective when a trusting relationship exists between the psychologist and the patient (i.e. the child or adolescent). Privacy is especially important in securing and maintaining that trust. It is often necessary for children to develop an environment of privacy whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. By signing this agreement, you will be waiving your right of access to your child's treatment records and agree to respect your child's disclosures with me and not to pressure your child/adolescent or therapist to disclose information discussed in treatment sessions.

It is my policy to provide you with general information about your child's (i.e., 12 years and younger) treatment status and to encourage teenage children to share directly with their parents. As your child's therapist, I will raise issues that may be affecting your child either inside or outside the home. If it is necessary to refer your child to another mental health professional with more specialized skills, I will share that information with you. I will not share with you what your child has disclosed to me without your child's assent. I will encourage your child to regularly provide you with a summary that will describe what issues were discussed, what progress was made, and what areas are likely to require intervention in the future. In addition, I will periodically request that you provide supportive information in order for me to best help your child and the family.

If your child is an adolescent, it is possible that he/she will reveal sensitive information regarding sexual contact, alcohol and drug use, or other potentially problematic behaviors. Sometimes these behaviors are within the range of normal adolescent experimentation, but at other times they may require parental intervention. If I ever believe that your child is at serious risk of harming him/herself or another, I will inform you. For example, information shared that leads me to conclude that your child or adolescent is at imminent risk of engaging in serious and potentially lethal self-harm behavior, high-risk behavior that could jeopardize your child's/adolescent's life, or aggressive behavior that could potentially seriously injure someone will not be kept confidential and will be shared with you and possibly others in an effort to prevent your child/adolescent from engaging in dangerous behavior.

LIMITS TO CONFIDENTIALITY

Typically, everything you and your child share with me and any information I become aware of about you and your child remains completely confidential. This means that I am legally and ethically unable to share your personal information. Hopefully this will help you to feel comfortable discussing personal and distressing topics with me. If you would like me to release information, or if I believe releasing information to another person would be beneficial to treatment, you would need to provide your permission for me to do so in writing. However, it is important that you know the legal limits to confidentiality. These are situations in which I am not only able to release information without your consent, but I am required by law to do so. One instance is suspected or risk for abuse or neglect to children including physical, verbal/emotional, sexual abuse or neglect. This includes any material accessed online or otherwise that exploits a child under the age of 18 or children who witness domestic violence. An additional limit to confidentiality is if you are at imminent risk of suicide or homicide or harming the property of another person. Additionally, if I receive a court order or subpoena for records, I would be required to release your records. In other words, your information is confidential until, legally, it is not.

CUSTODY DISPUTES AND COURT APPEARANCES

Agreement Not to Involve Savannah Wright, PhD, in Custody Disputes and Fees for Mandatory Court Appearances on A Client's Behalf:

When parents bring their children for therapy, it is important that both parents consent to treatment knowing that my role (Savannah Wright, PhD; the role of the clinician) is as the child/adolescent therapist, and not as an "expert witness." Although my responsibility to your child may require my involvement in conflicts between the parents, you agree that my (Savannah Wright, PhD's) involvement will be strictly limited to that which will benefit your child. This means that you agree not to involve me in any custody or visitation disputes, as this would not be in the best interest of your child's relationship with me and would be counterproductive to the therapeutic process.

In particular, you agree not to involve me in court proceedings regarding any treatment of your child now or in the future, nor to ask me to share your child's records regarding any such proceedings. You also agree to instruct your attorneys not to subpoena me or to refer in any court filing to anything I have said or done. Court appearance will likely result in the need to terminate therapy and refer you to another therapist due to creating a dual relationship, which can negatively impact client care.

In cases where I am ordered to testify by the court about my therapy/ assessment/treatment with your child and/or you (even by a third party), I will be monetarily compensated as set forth below.

In the event that it is necessary for me to testify before any court, arbitrator, or other hearing officer to testify at a deposition or to present any or all records pertaining to the therapeutic relationship to a court official, the client agrees to pay me for my services. An initial \$3,000 retainer is required to be paid in full 14 calendar days before testimony is scheduled or records are to be submitted to the court. Because of the difficulty of legal involvement, additional costs that are reimbursed to me at your expense include: travel time and travel expenses, meals, copies, parking, phone consultation, letter compilation, communication with my legal counsel, and record(s) review at the rate of \$250 per hour, rounded to the nearest half hour. There is a minimum charge of eight (8) hours billed for each day that I am required to attend court, hearings, testimonies, and/or submit records to the court as all other clients will need to be cleared from my calendar for that day. The full day is billed to you even if the testimony, arbitration, hearing, or record submission is cancelled/postponed for that day or takes fewer than eight hours. Other letters and paperwork requested by the client will be assessed a charge of \$200 per hour, rounded to the nearest hour, with a minimum 1-hour charge. This does include letters to court officials or attorneys, and any other documentation requested by the client. This does not include copies of your bill, missed work or school letters, Release of Information Forms, nor any other documents used in the day-to-day operation of the office.

In signing this agreement, I acknowledge that there is a difference between the roles of treating therapist and expert witness, and I agree not to subpoena Savannah Wright, PhD, or Savannah Wright, PhD's, records, for use in litigation. I understand that the boundary between treating therapist and expert witness is necessary to maintain the integrity of the therapeutic relationships established in therapy.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience.

ACKNOWLEDGEMENT

If the patient is a minor, by signing below you are affirming that you are the parent or legal guardian and have the authority to consent to professional services. In order to authorize treatment, you must have either sole or joint legal custody of your child.

Name of Patient: _____ **DOB:** _____

Name of Parent/Responsible Party (if patient is a minor): _____

Signature of Patient or Responsible Party

Date