



## **Additional Policies**

1) I will do my absolute best to accommodate your scheduling needs, and as such, communicating with me regarding when you are able/unable to attend therapy sessions is essential.

2) **Cancellation Policy:** If you have to cancel an appointment less than 24-hours ahead of time I will attempt to reschedule you for another time during the week that is mutually agreed upon. If you choose to reschedule an appointment and keep that appointment, your **no-show/cancellation fee of \$75** will be waived. If you do not attend your rescheduled session (even if it is canceled more than 24 hours in advance) you will be charged the no-show fee of \$75.

*\*\*\*However, if you do not notify me at all prior to your session that you will be unable to attend (including times when you have forgotten your appointment), the \$75 fee will be charged as a "no show" even if we are able to reschedule your session for later in the week.*

3) I understand that your time is valuable and that attending therapy is a significant financial and scheduling commitment. I ask that you honor my time and the time of other clients by attending your sessions and arriving promptly. If I do not have clients scheduled, I am not in the office so please offer me the courtesy of as much notice as possible prior to canceling appointments.

4) I am currently seeing clients on Monday, Tuesday, Wednesday, and Thursday from approximately 12pm until 6:30pm. If you attempt to reach me outside of these hours, I am unlikely to respond until the following day I am in the office. I do not offer emergency "on-call" hours, so if there is a psychiatric emergency for you or a loved one, please call 911 and/or go to the nearest emergency room.

5) As I understand how valuable your time is, if it is necessary for me to cancel your appointment or I am unable to schedule you during your regular session time, I will try to schedule you for another time in the same week. I will offer you as much notice as possible if it is necessary for me to cancel, and it will help me if you provide me with the best contact information for you.

6) When available, a mutually agreed upon session time is provided to you as a courtesy. I understand that life happens; however, if it appears you are regularly unable to attend your sessions at their regularly scheduled time, I reserve the right to offer your time slot to another client. Afternoon and evening appointments are sought after commodities and cannot be held indefinitely. If you are concerned that you cannot regularly attend your appointment time, please speak with me so that we are able to problem-solve how to best meet your needs.

7) If I offer a session time to you (either to schedule or reschedule a session), I will hold that appointment time for 24 hours. If I do not hear from you within that timeframe, the appointment time is released and can be given to another client.

8) Sessions typically run for 50-55 minutes, and I am often booked back to back on the hour. As such, if you are later than 15 minutes past the start of your session, I will need to cancel your session as we are unable to bill insurance for sessions less than 45 minutes. This will result in the cancellation fee of \$75.

9) I will do my best to be as accommodating and flexible as I can, and I request that my clients be flexible also.

10) As part of the therapeutic process I may suggest and provide you with books and/or other resources to assist with your treatment plan. I never require clients to purchase anything for their treatment, and I do my best to provide whatever resources appear appropriate. It is requested that clients take care of these resources as though they were their own, as they are used with many clients. Should a client lose, damage, or terminate treatment prior to returning books or resources, they will be charged the list price to replace them.

11) I am not an insurance or billing specialist. While I collect payments for services at the beginning of each session (you are also welcome to leave a card on file for me to charge following session as some clients prefer to avoid feeling as though therapy is a “transaction”), I am not familiar with each client’s unique insurance situation and would encourage you to familiarize yourself with your insurance benefits. Should a question arise about your benefits and/or payments, please let me know and I will direct you to the individual who can best answer your questions.

12) **Inclement Weather:** If I am unable to make it to the office due to inclement weather, I will notify you as soon as possible and try to reschedule you for another day. There will be no penalty to you if I must cancel sessions for this reason. However, if I am in the office and seeing clients you have the option to try and reschedule your session if available; cancellation fees will apply during this circumstance. You are also able to schedule virtual therapy sessions in lieu of attending therapy in-person should the weather prohibit rescheduling in the same week. These sessions would be billed at our hourly rate if insurance is unable to be billed.

13) **Online/E-Therapy:** Solution-Focused Therapy Services, LLC is now offering virtual, HIPAA compliant, therapy sessions through the website doxy.me. I have a web address that can be used to conduct therapy sessions via the computer, tablet, or mobile phone. It should be noted that I do not consider virtual sessions to be a substitute for regular, in-person sessions, and that no client will be offered this service without first establishing a relationship through traditional therapy. This is meant to be used in situations where a client might be traveling, ill, or there is inclement weather. I will typically need advanced scheduling notice for this service, and sessions will only be scheduled during my regular office hours. You will need to have the appropriate technology (having both voice and visual capabilities on your device as well as the IOS app or Firefox/Chrome web browsers), and you will be responsible for ensuring confidentiality of the space in which you choose to participate in your session. Confidentiality and HIPAA compliance are guaranteed on my end. I am happy to speak with you further regarding whether this is an appropriate therapy option for you and under what circumstances. Therapist website for online sessions: <https://doxy.me/speed>

14) **Report and Letter Requests:** There are times during which you may request a letter or progress report in writing. These situations include but are not limited to legal reports/letters (see below), school reports/recommendations, or requests from other agencies. In the event that a report or letter appears necessary, the fee is \$150/hour, which includes writing and preparation time. The time will be pro-rated in 15 minute increments should a report take less than or more than 1 hour.

15) **Litigation Limitation:** It is agreed that –should there be legal proceedings (such as but not limited to divorce and custody disputes, injuries, etc.) – neither you nor your attorney, nor anyone else acting on your behalf will call me to testify in court or at any proceeding, nor will a disclosure of my records be requested. Should you choose to violate this term, here is the relevant fee information. If we are subpoenaed as a fact or expert witness by your attorney, the retainer fee for a fact witness is \$1000. There is an hourly rate of \$200 for court preparation and testifying. The retainer fee for an expert witness is \$2000. There is an hourly rate of \$350 for court preparation and testifying. There is also a \$150 fee per hour for transportation cost from the office to the court house if the distance is more than 10 miles away.

16) **Social Media:** While I understand that social media platforms are widely used as a method of contact, it should be noted that I will not under any circumstances accept any friend requests or respond to any contact that might be made via such platforms as this will undermine the therapeutic relationship.

17) **Interactions in the Community:** It is possible that you and I may run into one another in the community. In order to protect your confidentiality, I will under no circumstances acknowledge first that I know you in any way. Should you choose to wave or say hello, I will return the greeting and our interaction will be brief. Should you choose not to acknowledge that you know me, I will not be offended.

18) **Referral:** If we determine that another professional would be of greater service to you, I will discuss this with you and assist you in the referral process.

**I have read, understand, and agree to comply with the above policies.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_