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PRACTICE POLICIES

<u>Meetings/Sessions:</u> Regular appointments for therapy are either 45 minutes or 60 minutes and are typically scheduled once a week, although some sessions may be longer and scheduled more frequently.

<u>Confidentiality:</u> Therapy sessions and all relevant documents will be held confidential unless you request in writing to have all or portions of such content released to a specifically named person/ persons, subject to the professional judgment of the therapist. Limitations of such Client held the privilege of confidentiality exist, including by not limited, as identified below.

- 1. If a Client attempts to harm himself/herself or threatens or attempts to harm another person
- 2. If there is reasonable suspicion that a person may be a victim of physical, emotional, or sexual abuse of a child under the age of 18 years old.
- 3. If there is reasonable suspicion that an elderly person or vulnerable adult who may be subjected to neglect or abuse.
- 4. If a court of law issues a legitimate court order, subject to HIPAA and Michigan law, and as determined in the sole professional judgment of the therapist.

<u>Cancellations</u>: You will be expected to pay in full for any session that was canceled less than 24 hours in advance of the scheduled appointment unless we both agree that you were unable to attend due to circumstances beyond your control. I will try to find another appointment time in the same week if possible. Payment for missed or canceled appointments will be due at the next scheduled appointment.

<u>Professional Fees:</u> Fees for psychological services are \$150 per 45-minute session and \$200 per hour session. Additional 15-minute increments are charged at a rate of \$50 per 15 minutes.

In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than 1 hour. Other services include report writing, telephone conversations, the reading and responding to written and electronic messages, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and time spent performing any other service you may request of me.

I do not charge for administrative matters such as scheduling or rescheduling, or for brief questions lasting fewer than 10 minutes.

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time, even if, in the rare case, I am called to testify by another party. Because of the difficulty of legal involvement and the additional training and experience I have, I charge \$300 per hour for testimony and document preparation and attendance at any legal proceeding.

Travel time from my office to another location is charged at \$200 per hour in 15-minute increments. In addition to travel time, driving expenses over 30 miles from my office are charged at \$2 per mile after 30 miles.

<u>Payment Expectation:</u> You will be expected to pay in full by cash, check, Venmo, or Zelle at the time of each session or meeting unless otherwise agreed. Payment for other professional services will be agreed to when they are requested. Retainers and other forms of advance payment are required for many services including but not limited to, evaluations, report writing, court appearances, and in some circumstances, counseling. Retainer amounts are based on estimates of the work expectations. When retainers have been exhausted, additional funds will be requested before work can continue and be completed.

If your account is outstanding for more than 60 days and payment arrangements have not been agreed to, I may take legal means to secure the payment, such as hiring a collection agency or attorney to sue for outstanding costs or go through small claims court. Any additional costs incurred by me to get paid will be added to the amount you owe me.

If you choose to terminate our relationship, any costs and fees outstanding will be immediately due for payment and you will make arrangements to make payment.

Insurance Reimbursement: If you have health insurance, it may provide some coverage for mental health services. It is your responsibility to talk to your insurance plan administrator to determine what your health insurance covers. Even if you have insurance benefits you are expected to pay in full at the time of each session/meeting. You will receive a monthly statement to submit to your insurance company for reimbursement. I do not handle insurance forms and documents. This is your responsibility. You should know that most insurance companies will not consider reimbursement to you unless I provide a diagnosis. The diagnostic code will appear on your monthly statement.

Contacting Me: You may call me by telephone or electronically, but if I am with another client I will not answer. If I am unavailable, leave a message. Messages should be limited to needing to reschedule, or if you will be late, etc. Do not leave extended substantive messages. Emails and text messages are not appropriate in an emergency or for time-sensitive matters, or for communications regarding sensitive information. I will make every effort to return your call on the same day, with the exceptions of weekends and holidays.

<u>In Case of Emergency:</u> If you cannot reach me and are experiencing an emergency, contact your family physician or seek assistance from the nearest emergency facility (hospital, clinic, or urgent care center).

By signing below, you are indicating that you understand thes questions answered.	e Practice Policies and have had all your
Client Name (Printed)	
Client Signature (or Parent, Guardian, etc., if Client is Under 18 years of age)	Date
If Signing on Behalf of Client, State Relationship to Client	
Witness	Date