

Practice Policies

Peace'In'It Counseling, LLC

700 Tech Ctr Pkwy, Ste 200-17

Newport News, VA 23606

757-690-1992

peaceinitcounseling@gmail.com

Original Date: 11/6/21

Updated: 1/9/23, 1/10/24

PRACTICE POLICIES

INTAKES/ASSESSMENTS

Counseling Assessments are scheduled in 90-minute blocks and typically last anywhere from 60-75 minutes. During this time, you will provide a comprehensive biopsychosocial history so please plan accordingly. We reserve the right to cancel your appointment if you haven't completed your pre-assessment paperwork packet prior to 8pm the night before your assessment appointment date.

SESSION DURATIONS

The standard meeting times for therapy/counseling sessions at Peace'In'It Counseling are 30, 45, and 60 minutes. Recommendations for the appropriate length of sessions will be provided based on your time in services, growth in services, and ongoing needs; however, it is up to you to modify the duration of your scheduled session via the online scheduling system no later than 24 hours ahead of your meeting time. Sessions that are shortened for any reason within 24 hours of the scheduled meeting time will still be billed according to the scheduled appointment duration.

APPOINTMENTS AND CANCELLATIONS

Clients may schedule appointments independently via the online scheduling system at any time via your client portal. Upon collaboration with your clinician, you may also reserve a regularly scheduled day and time to meet. We encourage you to ensure you have a follow-up date and time for your next appointment prior to your current session ending.

Please remember that in order for services to maximize effectiveness, you should be regularly participating in care as collaborated between you and your clinician. Please remember to cancel your appointment or reschedule at least 24 hours in advance. Failure to do for any reason will result in a \$50 cancellation fee. Please note that if you have a regularly scheduled reoccurring appointment and miss two times in a row, we reserve the right to cancel any subsequent appointments and you will have to request another date and time to meet for future appointments. In the event this happens, we cannot guarantee that your previous meeting time will still be available and please understand that could impact your services.

IMPORTANT NOTE: **No call/no show appointments are when an individual does not show for their session after the scheduled start time. Clinician reserve the right to deem an individual as a no call/no show after 10 minutes following the scheduled meeting time. When this occurs, the individual will be charged the FULL service fee amount of the missed session. This cannot be changed once charged, so please make all reasonable efforts to contact your clinician directly via phone, text, and/or the secure portal if you have a change in your schedule which could impact your ability to meet for your session as soon as possible. For insurance-based clients with a copay, please note that your copay or coinsurance payments only cover a portion of your session and in the event of a no call/no show, you will be charge the FULL session amount. Please note that depending on your insurance carrier, payments can range from roughly \$50-\$135 depending on the scheduled length of session.

PREFERRED METHOD OF CONTACT

Upon completing the pre-assessment paperwork sent to you prior to your initial consult or appointment, you will gain access to your "Client Portal." This portal offers benefits such as independent online scheduling and provides you with a HIPAA-compliant, secure messaging system which is protected by law that gives you asynchronous access to communicate with your clinician 24/7. ****Please accept that we are not available 24/7, but you can message us anytime 24/7/365.**** We **STRONGLY ENCOURAGE AND PREFER** that

any and all communication after services have been initiated come through this system. Information sensitive to you should ONLY be relayed through your client portal to ensure the best privacy protection of that information.

TELEPHONE ACCESSIBILITY

We are currently a practice of two full-time working clinicians and ask for your patience when contacting us by phone as we are often not immediately available. However, we will attempt to return your call within 24 hours. If you need to contact your therapist between sessions by phone and cannot reach someone at the office, please leave a brief message on our voice mail with your name and a good contact number for us to return the call. ****PLEASE DO NOT RELAY SENSITIVE INFORMATION VIA VOICEMAIL OR TEXT.****

EMERGENCIES

If an emergency situation arises, please call 911 and if psychiatric in nature, ask if a C.I.T. trained officer is available. In the event of a psychiatric crisis, please contact the new National Suicide hotline via phone or text at "988". Other options of support during a psychiatric crisis include calling your local Community Services Board's (CSB) emergency hotline number.

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your 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 your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions or concerns regarding this, please discuss with your counselor.

ELECTRONIC COMMUNICATION

I cannot ensure 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, I will do so. While I may try to return messages in a timely manner, I 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. In the event that you need to share

sensitive information, want to discuss therapeutic services, and/or need emergency assistance from your clinician, please use the secure messaging feature through your client portal as that is HIPAA compliant.

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 the therapist.

MINORS

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

COURT REQUESTS

In the event you request your counselor to attend court for any reason, a minimum \$350 fee will be charged for attendance. Any attendance over 3 hours will be charged \$500 in lieu of \$350 and an additional \$50 will be added per additional half hour spent at court. Clinician's time for the court appearance will begin when clinician leaves for the courthouse. Additional fees can be incurred for any work required by the clinician to prepare for the court appearance (i.e. chart reviews, document writing, phone calls with lawyers, etc.) and will be discussed with you prior to beginning the task.

PAPERWORK REQUESTS

For any individual requesting that paperwork be completed by a clinician, there will be a \$30 fee for any request that has more than 1 page which requires clinician to enter information. Pages requiring only a signature will not count towards this fee.

PAYMENT

Payment for services will be expected at the onset of the scheduled session time. In some cases, services will be charged at the end of the clinician's business day. If payment does not go through for any reason, it is expected that you will rectify the situation within 24 hours of notice from your clinician. Not doing so can cause an interruption in services and unless discussed between you and your clinician, you will not be able to participate in future sessions until all previous sessions have been paid for.

TERMINATION

Ending relationships can be difficult and the therapeutic relationship is no different. Discharge from services and/or a termination of services will be discussed at onset and throughout the course of treatment. The length of working towards termination depends

on a variety of factors. We reserve the right to work towards a successful discharge from services when an individual has successfully achieved their primary goals and no new clinical goals are established. We reserve the right to begin a termination of services, after an appropriate discussion with you, if we determine that therapy is not being effectively utilized and therefore is causing insufficient treatment and/or if you are in default of payment. We will not terminate the therapeutic relationship without first attempting to discuss and explore expectations and services provision with you. Should you fail to schedule an appointment for 3 months without any correspondence, and unless other agreements have been established appropriate for the individual's needs in treatment, we will consider the professional relationship terminated and your case will be clinically discharged. Please note that in this case, you will have to restart services again upon return which will include the completion of new paperwork, a new assessment, and all subsequent fees associated. If therapy is terminated for any reason and/or you request another therapist, you have the right to request 3 additional referrals.

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