



SHANNON E. SMITH, LPC

Counseling, Consultation & Training

PRACTICE POLICIES

(Effective 1/1/2024)

PAYMENTS AND THE USE OF INSURANCE

Payment is due at the time of service. We accept cash, credit cards, personal checks, and money orders. If you save a credit card in your profile, that card will be billed by the end of the day on the date of your appointment. If payment is declined, we will reach out to you for another form of payment prior to your next appointment. A \$30.00 service charge will be charged for any checks returned for any reason for special handling.

If you are using insurance to cover your sessions, we will verify your benefits, estimate your portion due, and file the claims as a courtesy. Please note that estimates and coverage cannot be guaranteed, and you will be responsible for any cost above estimated fees. If your insurance company denies claims, you will be responsible for the full cost of services completed.

You must notify us of any changes to your insurance coverage, and you must provide proof of insurance at the onset of services and at the beginning of each year after then. If you are covered by more than one insurance policy (primary and secondary), you must supply information on all policies.

Provisionally Licensed Professional Counselors (PLPC's) and Interns cannot bill insurance, and all payments for services by PLPC's or Interns must be made to the practice directly.

APPOINTMENTS AND CANCELLATIONS

Missed sessions and late cancellations will be subject to a fee if **NOT CANCELLED AT LEAST 24 HOURS IN ADVANCE**. This is necessary because a time commitment is made to you and is held exclusively for you. We will excuse one late cancellation/missed session per year, and we may use discretion to excuse or discount a late cancellation fee after then. Services may be terminated after two consecutive missed sessions. Please remember to cancel or reschedule 24 hours in advance.

The standard meeting time for psychotherapy is 45-50 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to extend the session need to be discussed with your clinician in order for time to be scheduled in advance. Please be aware that insurance may not cover extended sessions. If you are late for a session, you may lose some of that session time.

NON-DISCRIMINATION

It is important to us that all individuals feel welcomed and supported in our office. We do not discriminate on the basis of race (including traits historically associated with race, including, but not limited to, hair texture, hair type, hair length and protective hairstyles), color, national or ethnic origin, ancestry, age, religion, disability, sex or gender, gender identity and/or expression, sexual orientation, relational/affectional identity, military or veteran status, genetic information, diagnosis, health condition, the intersection of these identities or any other characteristic protected under applicable federal, state or local law.

ELECTRONIC COMMUNICATION/TELEPHONE ACCESSIBILITY

Simple Practice, the scheduling software that we use, features a client portal that allows you to cancel and request appointments, upload and download documents, access billing documents, and send and receive secure messages. We 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, we will do so.

If you need to contact your clinician between sessions, please leave a voicemail message or send a text, email, or secure message. Clinicians are often not immediately available, and these methods of communication should not be used in the case of an emergency, nor should they be interpreted as counseling. In the case of an emergency or crisis, please call 911 for emergency services or 988 for the Suicide & Crisis Hotline, or go to any local emergency room.

TELETHERAPY

Teletherapy is defined as a method of delivering mental health counseling, psychotherapy, and marriage and family therapy services as prescribed by R.S. 37:1101 and R.S. 37:1116 using interactive technology-assisted media to facilitate prevention, assessment, diagnosis, and treatment of mental, emotional, behavioral, relational, and addiction disorders to individuals, groups, organizations, or the general public that enables a licensee and a client(s) separated by distance to interact via synchronous video and audio transmission. (LA Admin. Code LAC 46, Part LX, Subpart 1, Sec. 505)

If you and your clinician choose 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) Recording of sessions should not take place without express consent of all parties.
- (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.

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, apparent height and weight, body type, 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, 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. In the case of separated/divorced parents, it will be necessary for parent(s) to provide proof of custody. When there is a shared custody arrangement, both parents must consent to treatment and sign all documentation.

SOCIAL MEDIA

Due to the importance of your confidentiality and the importance of minimizing dual relationships, we do not accept friend or contact requests from current or former clients on any social networking sites (Facebook, LinkedIn, etc.). 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 about this, please bring them up and we can talk more about it. If you choose to "Like" our professional Facebook page or to "Follow" our professional profile on Instagram, you may do so at your own risk. Social media is not at any time a way to contact me for therapy-related discussion, even in an emergency.

If you would like us to review your (or your child's) social media interactions as part of our therapeutic work, please print what you would like us to review and bring it with you to session. Even if your or your child's social media accounts are public, we will not examine them without your specific consent and direction.

Please note that any social media apps you use may seek to connect you with us or with other visitors to this office, through a "people you may know" or similar feature. We have no control over apps that may intrude on the privacy of your treatment in this way. If you would like to minimize the risk of others becoming aware of your connection to us or this office, please make

use of the privacy controls available on your phone. Turning off a social media app's ability to know your location, and refusing it access to your email account and the contacts and history in your phone may help to protect your privacy and confidentiality.

EMOTIONAL SUPPORT ANIMALS

If you are interested in obtaining an Emotional Support Animal letter, please be aware that we do not write these letters.

ANIMALS IN THE OFFICE

Pets are not permitted in the office per our lease. We apologize for any inconvenience that this presents. Please make other arrangements for your pet or emotional support animal during the time of your appointment. It is not appropriate to leave an animal in a vehicle during your session unless accompanied by a person who is able to ensure that the animal is not exposed to extreme temperatures and is safely restrained from hazards, including motor vehicles. You will be responsible for cleaning up any messes created by your pet.

RECORDING DEVICES

There are smart devices that have microphones in the office, including our cell phones and laptops. These devices generally have voice control turned off, and so they are not recording.

If you bring a smart device to session, that device likely has the option of voice control built in. If voice control on your device is enabled, the microphone may be always on, and snippets of conversation may be recorded and sent to the device maker. If you prefer not to take this risk, please disable voice control on your devices while in session.

Please feel free to take notes in session if you believe it will be helpful in remembering key points of discussion. However, audio or video recording of sessions is prohibited.

COMMUNICATION WITH LEGAL PROFESSIONALS AND COURT APPEARANCES

Please tell your clinician immediately if you are involved in a legal case (criminal or civil/family). Letters and status updates may be provided to attorneys/the court/probation at a fee, and a specific written release must be on file prior to any communication with a legal entity. Many people believe that a counselor's testimony in court or the release of their treatment notes can be beneficial to their case. Most often, this is inaccurate. If, however, you choose to release your notes to an attorney/court or request the testimony of your clinician, fees will be charged related to the work requested, including time spent in preparing documents, copying fees, travel, and missed work. These fees will be discussed individually and will be required in advance.

COUNSELOR EMERGENCY OR INCAPICITATION

In the event of an unplanned absence from practice, whether due to injury, illness, death, or any other reason, Shannon maintains a detailed Professional Will with instructions for an Executor to

inform you of her status and to ensure your continued care in accordance with your needs. Please contact Shannon if you would like the names of the Executor and Secondary Executor. You authorize the Executor and Secondary Executor to access your treatment and financial records only in accordance with the terms of the Professional Will, and only in the event that Shannon experiences an event that has caused or is likely to cause a significant unplanned absence from practice.

THREATS, HARASSMENT, OR INTIMIDATION

If you engage in threats, harassment, or intimidation towards your clinician or others in this office, this may be grounds for immediate termination of therapy. You also grant permission for us to share information about any threatening behavior with law enforcement and/or others as we believe necessary to protect our safety and that of others.

TERMINATION

Ending relationships can be difficult. Therefore, we recommend that we discuss and decide together how to terminate treatment when that time arrives. Your clinician may terminate treatment after appropriate discussion with you if they determine that the psychotherapy is not being effectively used or if you are in default on payment. Your clinician will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of termination. If therapy is terminated for any reason and you request another therapist, we will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for four consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, we must consider the professional relationship discontinued. You may return to therapy after an absence, but we cannot guarantee immediate availability.

By signing below, I assert that I have read, understood, and agree to the items contained in this document.

Client Signature (Client’s Parent/Guardian if under 18)

Date