



# SHANNON E. SMITH, LPC

*Counseling, Consultation & Training*

## **PRACTICE POLICIES** (Effective 12/5/2020)

### **PAYMENTS AND THE USE OF INSURANCE**

Payment is due at the time of service. I 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, I 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, I 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 me 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.

### **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. I will excuse one late cancellation/missed session per year, and I may use my 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 the therapist 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.

### **TELEPHONE ACCESSIBILITY**

If you need to contact me between sessions, please leave a message on my voice mail or text me at the same number. I am often not immediately available; however, I will attempt to return your

call within 24 hours. Please note that face-to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone or video telehealth sessions are available. If a true emergency situation arises, please call 911 or any local emergency room.

## **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 about this, please bring them up when we meet and we can talk more about it.

## **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.

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. 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.

## **COMMUNICATION WITH LEGAL PROFESSIONALS AND COURT APPEARANCES**

Please tell me immediately if you are involved in a legal case (criminal or civil/family). I charge a fee for letters and status updates provided to attorneys, and a specific written release must be on file prior to me communicating with an attorney. 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 my testimony, I charge fees related to the work requested, include time spent in preparing documents, copying fees, travel, and missed work. These fees will be discussed and will be required in advance.

## **TERMINATION**

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you

and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I 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 three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

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