



## **PRACTICE POLICIES**

**APPOINTMENTS AND CANCELLATIONS** Please remember to cancel or reschedule 48 hours in advance. You will be responsible for the entire fee if cancellation is less than 48 hours.

The standard meeting time for psychotherapy is 53 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 53-minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

Cancellations and re-scheduled sessions will be subject to a full charge if **NOT RECEIVED AT LEAST 48 HOURS IN ADVANCE**. This is necessary because a time commitment is made to you and is held exclusively for you. 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 send a text message either through the secure portal or the provided phone number. I am often not immediately available; however, I will attempt to return your call within 24 hours. If a true emergency situation arises, please call 911 or any local emergency room.

**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. 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.

**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.). 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.

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

**Parents:** In order for me to build a therapeutic relationship your child and to find out important information to better assist the minor client, it may be necessary for the me to keep certain pieces of information from their guardian or parents. In cases where there is experimental use of non-lethal drugs, I may not inform the guardian or parents. However, if the minor client is regularly using certain controlled substances, including alcohol, and shows no signs of wanting to decrease said usage, then the guardian or parents may be notified. If the minor client is using controlled substances or addictive dangerous drugs, then the guardian or parents may be notified after the first instance of when I came to have that knowledge. If a minor is self-injuring in non-suicidal ways, then I may or may not inform the guardian or parents. If the injury becomes a threat to the minor's health & safety, such as needing stitches, then the guardian or parents will be notified.

Laws protect minors and disabled or aged adults from abuse and/or neglect. Abuse includes any non-accidental injury, sexual battery, financial or sexual exploitation or injury to the intellectual or psychological capacity of a person by the parents, guardians, or other persons responsible for

the minor's or adult's welfare. Neglect is failure to provide adequate food, clothing, shelter, health care, or needed supervision. If a Counselor suspects minor or adult abuse or neglect, the Counselor is obligated to report that abuse or neglect.

### **Texas**

In cases where the minor teen (13 and above) is having sexual relations with someone who is within 2 years of their age and it is consensual, then the guardian or parents may not be notified. If the guardian, parents or the Counselor comes to have knowledge that the child is having sexual relations with someone who is younger or older than them by 2 years and the minor client is younger than 18 years of age, then the guardian, parents and the Counselor have a duty to report that to the proper authorities by State law. To have such knowledge and not report is a crime in the State of Texas. Example: A 17 year old and 15 year old can date and have sexual relations without legal recourse, whereas a 17 year old and 14 year old can date but not have any sexual relations. Similarly a 20 year old and 16 year old cannot have sexual relations regardless of their guardian's or parents' knowledge or opinion.

### **Washington**

In Washington, the age of consent is 16 years old. This means that individuals who are 16 or older can legally engage in sexual activity with other consenting adults. However, it's important to note that there are certain exceptions to this rule. For example, if the individual is in a position of authority over the minor, such as a teacher or coach, the age of consent is raised to 18.

If a minor who is 14 or 15 has consensual sex with a person who is at least 4 years older than them, then the guardians or parents will be notified.

If a minor who is 12 or 13 has consensual sex with a person who is at least 3 years older than them, the guardians or parents will be notified.

If a minor who is younger than 12 has consensual sex with someone who is at least 2 years older than them, the guardian or parents will be notified.

### **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.

