

**Practice Policies**

**I. THERAPIST TRAINING, CREDENTIALS, AND SPECIFICS:**

Thank you for choosing Empowering Optimism Therapy, LLC for your emotional and mental needs. I have received an advanced degree in social work, am fully licensed through the State of Michigan, and stay up to date with required credentialing and training as acknowledged by the State of Michigan Licensing And Regulatory Affairs (LARA). I am not available for emergency services and advise that in these cases, you contact your local Community Mental Health agency or nearest medical center or hospital. As a Licensed Master of Social Work, I do not prescribe medication or perform medical procedures, however with written consent, I look forward to collaborating with your desired medical provider.

Therapy sessions last between 30-55 minutes beginning at your identified scheduled time. Sessions are usually held one time per week, however this can either increase or decrease depending on your needs and/or finances. This can and should be discussed with your therapist throughout treatment. The initial intake assessment will be charged at **$150**. All other subsequent therapy sessions will be charged at **$100**. Other services such as court appearances, record requests, report writing, or significant telephone calls (exceeding 15 minutes) are subject to additional fees. **It is acknowledged that all payments are due at the time of services.**

Client Initials:

**II. CLIENT RIGHTS AND RESPONSIBILITIES:**

Therapy offers the most significant results, based on research, when you attend on a regular basis. You may choose to end treatment at any time, however you are responsible for attending any scheduled appointment. **Unless an appointment is cancelled 24 hours in advanced, you will be responsible for payment of $75 as a missed appointment.** This is a strict policy with no exceptions. If a balance is owed on a client’s account, it is expected to be paid at time of appointment. I hold discretion to terminate services, and refer client’s elsewhere for services, if there are excessive absences or unpaid balances remaining. If a balance is owed for over 30 days, I will attempt to contact you. If no payments are made as a result, I will contact external collection services and pursue settlement at cost to the client.

Clients have the right to end counseling whenever you choose. It is important to remember that participation is voluntary. You also have the right to receive respectful services and treatment in a safe and confidential environment. You may also refuse to answer any questions you don’t feel comfortable answering, report complaints about me without fear of retaliation, see my credentials and training at your request, have your privacy and confidentiality maintained, and refuse any treatment offered.

Client Initials:

**III. CONFIDENTIALITY:**

As a client or parent of a client, you have certain rights regarding the confidentiality of the information you share and the information that is kept in your and/or your child’s record. Federal and state laws, along with professional ethical standards, prohibit the disclosure of any information you provide, unless I have your prior written consent. There are a few exceptions to these confidentiality laws and standards which include:

* If I believe that you, your child, or someone else is in clear and imminent danger of harm, I am legally obligated to inform proper authorities and others in order to help prevent harm from occurring.
* If you provide information indicating that someone under the age of 18 years old is being abused or neglected or information that any disabled adult or elderly person is being abused, neglected, or exploited, I am legally required to notify the proper authorities.
* In very rare cases, a court order may compel me to disclose information about you or your child via a properly issued subpoena.
* Additionally, you are protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). Under HIPAA, client and record information can be released under certain other circumstances, which are outlined in the HIPAA Notice of Privacy Practice document. You are allowed to revoke any written consent for release of information at any time, but this revocation must be done in writing.

While working with minors, I will not share the content of sessions with parents/guardians, though I reserve the right to disclose information due to my clinical judgment, such as safety purposes or if therapeutic judgment warrants sharing content for the welfare and health of the minor.

Client Initials:

**IV. CREDIT CARD, AND CANCELLATION POLICY:**

Empowering Optimism Therapy only accepts credit cards (including HSA/FSA) as form of payment, at this time, due by the end of the day of the session. There will be a $5.00 fee added on to your balance for declined cards, if balance is not paid within 24 hours of original payment. Empowering Optimism Therapy keeps a credit card on file for each client in order to ensure on-time payment and payments for late cancels or missed sessions.

Client Initials:

**V. OTHER FEES:**

Other services such as court appearances, record requests, report writing, or significant telephone calls (exceeding 15 minutes) are subject to additional fees as outlined below:

* Court Appearances: The fee for my court appearance will be $1000/day for each day the counselor is required to attend. The full amount is due 48 hours prior to the scheduled court appearance. The full amount is non-refundable regardless of if the counselor is called to testify or amount of time spent in court. Failure to provide the specific fees as described constitutes a release from the requested court appearance. Travel is billed at .50/mile. Additional services related to court preparation including all correspondence with attorneys or other service providers via phone, email or letter, documentation review and/or documentation preparation are also billed at $100/hour, rounded to the nearest 15-minute increment. The client is ultimately responsible for final payment for any and all court fees. I do not testify in custody cases. A court order or a signed release of information is required for testifying and/or records/documentation.
* Record Requests: Each record request will be subject to a $20 copying fee.
* Report Writing: All letter and/or documentation preparation will be billed at $120/hour, rounded to the nearest 15-minute increment. Client is ultimately responsible for final payment for any and all documentation requests.
* Telephone Calls: Telephone calls that last over 15 minutes will be billed at the regular session rate of $100/hour, rounded to the nearest 15-minute increment.

Client Initials:

**VI. INSURANCE:**

I do not currently participate on insurance panels and am considered an "out-of-network" provider. Fees are paid at time services are provided. I am happy to provide you with a billing statement that you may submit for “out-of-network” insurance reimbursement and/or for tax purposes.

Client Initials:

**VII. EMERGENCY SERVICES**

If a client believes they are in crisis and feeling suicidal, overwhelmed, or unsafe, they should contact their local Community Mental Health agency, nearest hospital or emergency room, or call 911.

Client Initials:

**VIII. CLIENT DISCHARGE POLICY**

Client records will be securely and confidentially stored for five years after discharge at which point client records will be deleted and/or destroyed. Clients are responsible for scheduling follow-up appointments. If no contact is made by a client for six weeks, the client’s file will be marked as inactive and it will be the responsibility of the client to resume counseling and return as active by reaching back out to Empowering Optimism Therapy to schedule. Outside referrals for services are always available to clients upon request.

Client Initials:

**EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on **[January 1, 2021]**

**Acknowledgement of Receipt of Practice Policies**

By signing below, I acknowledge that I reviewed all aspects of the practice policies. I understand that I may ask questions at any time regarding any aspect of these policies. I acknowledge an electronic copy of the privacy policy has been made available to me.

Client Name Printed

Client Signature/ Guardian Signature Date

     

**Authorization for Recurring Credit Card Payments**

**CREDIT CARD POLICY**

Empowering Optimism Therapy keeps a credit card on file for each client in order to ensure on-time payment and payments for late cancels or missed sessions.

**CANCELLATION POLICY**

Clients will be charged $75 if the appointment is not cancelled prior to 24 hours. Please note that if you are choosing to turn in receipts for insurance reimbursement, the missed/cancelled sessions will not be counted as a treatment session, and therefore cannot be reimbursed.

All clients are required to keep a credit card on file to pay for those cancelled/missed sessions. These sessions will be charged the day of the session using the credit card number provided below:

Account Type: Visa MasterCard American Express Discover

Name (as it appears on card):

Account Number:

Expiration Date:       CVC:       Billing Zip Code:

Would you like to use this credit card to pay for all sessions? Yes No

**Acknowledgement of Credit Card Policies**

By signing below, I authorize Empowering Optimism Therapy to make charges to my credit card for payment of therapy services. I understand the cancellation policy and give EOT permission to charge any missed or cancelled session on the credit card listed above. I understand and agree that refunds are not provided for any attended, late cancelled, or no-show sessions.

Client Name Printed

Client Signature/ Guardian Signature Date

     

**Non-Secure Communication Policy**

**EMAIL CONFIDENTIALITY AGREEMENT**

When communicating via email, it is important to remember that confidentiality is limited. By signing below, the client is saying that they have considered and understand the limitation of confidentiality and agree that the client is responsible for keeping their email account private to the extent that they desire for it to be private.

Client Initials:

**TEXT MESSAGING CONFIDENTIALITY AGREEMENT**

When communicating via email, it is important to remember that confidentiality is limited. Text messages are only to be used for scheduling reminders and questions. Any therapeutic processing should be reserved for sessions and/or phone consultation. By signing below, the client is agreeing that they have considered and understand the limits of confidentiality and agree that the client is responsible for keeping their text messages private to the extent that they desire them to be private.

Client Initials:

**DUAL RELATIONSHIPS**

For the purposes of professionalism and relational clarity, it is policy that if I and a client see each other in a public setting, I will not acknowledge the client unless the client does so first. Client is solely responsible for all public interactions with the counselor and others in the public setting. I do not interact or engage with clients on any form on social media.

Client Initials:

**Acknowledgement of Non-Secure Communication Policies**

By signing below, I authorize Empowering Optimism Therapy to correspond with me via text messaging and/or email.

Yes No Email Only Text Only

Client Name Printed

Client Signature/ Guardian Signature Date

     