

# Practice Policies



Katie Stevens Counseling, LLC. 14824 Clayton Road, Chesterfield, MO 63017 636-893-5224

## PRACTICE POLICIES

### TELEPHONE ACCESSIBILITY

If you need to contact me between sessions, please leave a message on my voice mail. 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 sessions are available, but you must check with your insurance company to see if this is covered under your policy. If not covered, you will be responsible for the full fee. **If a true emergency situation arises, please call 911 or any local emergency room.**

### CANCELLATION AND NO-SHOW POLICY

Cancellations and re-scheduled sessions will be subject to a \$40 fee if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. Insurance will not cover this fee. 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 as the session must end at the time scheduled.

The standard meeting time for psychotherapy is 45-50 minutes.

### FINANCIAL RESPONSIBILITY

The undersigned responsible party agrees to pay Katie Stevens Counseling, LLC for services rendered. By signing this form, I as the client, and/or guardian of the client, agree that I am responsible for payment of services rendered in any case in which payment is denied by companies, insurance, managed care insurance, health maintenance organizations, and preferred providers because of failure to comply with such coverage requirement or for any reason. It is the client's, and/or guardian of the clients, responsibility to verify their insurance benefits.

### FEE FOR SERVICES

New client assessment \$135 • Individual 45 min session \$100 • Individual 52-60 min. session \$115 • Family session w/client \$125 • Family session w/o client \$115 • Couples session \$125 • Letters \$50 • Returned Check \$50 • Late Payment \$30

These charges are the good faith estimate if you are not using insurance coverage.

If you are using insurance, your fees will be based on your individual insurance policy.

## COURT INVOLVEMENT

I understand Kathryn Stevens does not voluntarily testify in court and will only do so under a subpoena. Any and all court involvement, including but not limited to court appearances, trials, hearings, depositions, testimony, or consultation is **\$250/hour (port to port) - Four (4) hour minimum**. This fee for court services must be paid three (3) business days prior to the court date. Fees charged for court involvement that are canceled or postponed without advance notice of at least one (1) business day with 24 hours notice are **not** refundable. Monday dates must be changed by 11 am on the preceding Friday. The parent/client/guardian hereby agrees to pay these charges, including the cost of collecting unpaid fees under the terms set by this agreement.

## 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. 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 to the therapist.

#### VIDEO AND AUDIO RECORDING

For the protection of client privacy, audio or video recording of sessions or phone calls are not allowed under any circumstances.

#### 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.

**If parents/guardians have joint custody, both parents will need to give permission for their child/teen to attend counseling sessions.**

#### 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 CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Client/Parent/Guardian signature \_\_\_\_\_