

PRACTICE POLICIES

APPOINTMENTS AND CANCELLATIONS

The standard meeting time for psychotherapy is 50-55 minutes. Requests to change the 50-minute session needs to be discussed with the therapist in order for time to be scheduled in advance and to determine the appropriate fee.

Please remember to cancel or reschedule 24 hours in advance. You will be responsible for the entire fee if cancellation is less than 24 hours. This is necessary because a time commitment is made to you, is held exclusively for you, and is rarely able to be filled by someone else. The fee will be billed at the scheduled time of service using the credit card on file unless other arrangements are made. A one-time grace exemption for canceled session charges may be provided at the provider's discretion and does not apply to Intake sessions for new patients. Repeat cancellations, even with notice, will be discussed, and might signal the need to end therapy.

Following a cancellation by "No-Show", The provider will make a limited number of outreach attempts by phone, text and/or e-mail. A response is required within 72 hours of the first outreach attempt to remain booked for future appointments. A no-show and no-response will result in the forfeiture of any future appointments and your status in treatment will become "inactive".

Should you fail to schedule an appointment for 30 days, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued. You may request to reactivate your participation in treatment anytime by contacting the provider.

LATENESS

If you are late for a session, you may lose some of that session time. If you arrive late for a scheduled appointment, only the remainder of the 45 to 50 minute session will be available. If I run late with a prior appointment for some reason, you will still receive the full 50-55 minutes. It is the office policy, that if you arrive 15 minutes late to your scheduled appointment, without notice, it will be considered a no-show and you will be responsible for the missed appointment fee.

FINANCIAL POLICIES: BALANCES

Braided River Counseling does not permit clients to carry a balance of more than two sessions and if you are unable to pay this balance, I will discuss whether it makes sense to pause your care or develop another strategy so that you can avoid incurring additional debt. Please let me know if any problem arises during the course of therapy regarding your ability to make timely payments.

FINANCIAL POLICIES: FEE INCREASES

Braided River Counseling reviews its fee structure annually which may result in increased fees for services provided. Clients should expect a 10-15% annual increase beginning July 1. Clients will be given adequate notice (2-3 months) in advance of any fee increases and you will have an opportunity to discuss the increase with your therapist.

FINANCIAL POLICIES: COLLECTION PROCEDURES

Collection procedures will be initiated when payments are 90 days past due. This may involve using a collection agency or filing a claim in small claims court. Before I engage a collection agency, I will provide you with written notice of our intent to do so, sent to your last address I have on record, and give you an opportunity to make payment arrangements. The responsible individual agrees to pay all collection fees, including attorney fees, court costs and other expenses incurred in the collection of delinquent accounts.

FINANCIAL POLICIES: DISPUTED CHARGES

You are always welcome to, and have the right to, dispute a charge by communicating your concerns in the client portal directly to your clinician and/or administration at Braided River Counseling. However, if you initiate an official dispute with your financial institution and/or payment processor citing the charge from Braided River Counseling are not legitimate, there are a few things to be aware of:

1. Even if you feel a fee from Braided River Counseling is unfair or unjust, officially disputing fees from Braided River Counseling via your financial institution and/or payment processor could be considered fraud.
2. Disputing fees from Braided River Counseling via your financial institution and/or payment processor could negatively impact the therapeutic relationship and impact the nature of our work
3. Braided River Counseling reserves the right to provide proof of legitimate charge which may disclose information about your or our therapeutic relationship.
4. Braided River Counseling reserves the right to cancel all future appointments, and/or revoke the ability to book future appointments and/or terminate services for any client who carries an account balance of any amount for any reason. These services may not be restored until the balance has been paid in full.

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. If a true emergency situation arises, please call 911 or any local emergency room.

EMERGENCIES

Because this is a solo private practice, I am often not immediately available by telephone. When I am unavailable, please leave a message on my voicemail. I monitor voicemail frequently during the day on weekdays, and at least daily on weekends and holidays. I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If I will be unavailable for an extended time, such as for a scheduled vacation, I will provide you with the name of a colleague to contact if necessary. For unplanned, emergency sessions or telephone calls, I charge my regular hourly rate pro-rated in 30-minute increments.

If you are experiencing a mental health emergency, please contact the 24-hour Multnomah County Crisis Line at 503-988-4888 or visit the Multnomah County Crisis Walk-in Center located at 4212 SE Division St, Portland, Oregon 97206. The center is open every day from 7 a.m. - 10:30 p.m. and no appointment is necessary. If the situation requires immediate attention, please contact 911 or go to the nearest 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.

ENCOUNTERS OUTSIDE OF THE THERAPEUTIC CONTEXT

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

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 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 I 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.

INFORMATION UPDATES

It is important that I have your correct information on file. Please advise me anytime there is any change to your address, telephone, email or other contact information.

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.

FORENSIC AND LITIGATIVE SERVICES

It is the stated philosophy of this practice that I do not participate in lawsuits of any type on a plaintiff's behalf, unless compelled to do so by subpoena or court order. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation, deposition, telephone time, transportation costs, court appearance, report writing, consultation and supervision, even if I am called to testify by another party. Because of the complexity of legal involvement, any court appearance or telephone contact with the court during a court case regarding the client or the client's family members in a civil or criminal matter will be charged at \$2500.00 per day, paid two weeks in advance and non-refundable. Travel time will be billed at an hourly rate of \$175.00 per hour, plus mileage portal to portal.

Depositions will be charged at \$175.00 per hour plus travel time, wait time, and transportation costs portal to portal. In the events that records or other materials are subpoenaed, a charge of 50 cents per page will be made for copying and file preparation.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records unless I believe that you seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. Alternatively, I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted by and/or upsetting to untrained readers. If you wish to see your records, I recommend you review them in my presence so that we can discuss the contents. Clients will be charged a fee for any professional time spent in responding to information requests.

OTHER LIMITATIONS

I do not provide forensic services such as custody evaluations, assessments recommended by probation, ability to stand trial, legal matters of medical opinion, etc.

I do not perform disability determinations or fill out paperwork for short-term or long-term disability or workers compensation.

I do not offer neuropsychological or psychoeducational testing or evaluations for bariatric surgery.

I do not fill out paperwork for any organization unless you have been a patient for 6 months or longer or have been seen a minimum of 6 times.

I do not write letters in support of an Emotional Support Animal.

TERMINATION / ENDING SERVICES

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.

I acknowledge that I have been given the opportunity to review my rights in the therapeutic and/professional relationship as described in this document and have been given the opportunity to ask questions. I consent to take part in the treatment by practitioners of Braided River Counseling. I understand that the practices are not an exact science and I acknowledge that no promises have been made to me as to the results of treatment or of any procedures provided by Braided River Counseling or its practitioners. I am aware that I may stop my treatment at Braided River Counseling at any time. Fees are subject to change at the discretion of Braided River Counseling. I understand that I am financially responsible for my treatment. I understand that if payment for the services I receive is not made, Braided River Counseling may stop my treatment.

I understand that I must cancel an appointment at least 24 hours before the time of the appointment. I understand that I am responsible for paying the entire fee for cancellation within 24 hours or for no-shows.

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