

PRACTICE POLICIES

EQUANIMITY MENTAL HEALTH COUNSELING, PLLC

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PRACTICE POLICIES

THIS DOCUMENT PROVIDES GUIDELINES FOR SCHEDULING, COMMUNICATING, FINANCIAL, RECORD KEEPING, AND SOCIAL MATTERS.

As with all parts of your care, your feedback is appreciated. Please do not hesitate to leave a message or contact me about improvements in your treatment or the intake process. Thank you.

I. NONDISCRIMINATION POLICY

It is the policy of Equanimity Mental Health Counseling, PLLC, in accordance with the American Counseling Association Code of Ethics, to provide equitable health care without discrimination against, or harassment of, any person on the basis of race, color, national origin, political affiliation, language, religion, sex, age, disability, citizenship, marital status, creed, sexual orientation, gender expression or gender identity (the patient's preferred gender will be respected, and the patient will be referred to by their name and pronoun of choice, whenever feasible) or other non-medically relevant factor or any other characteristic protected by federal or state law. Further, it is our ethical and moral responsibility to confront matters that do not comply with this statement.

II. APPOINTMENTS

The standard session time for individual psychotherapy is 45 to 55 minutes. Talk with me about the best length and time of day for your appointments. Requests to change the set session times needs to be discussed with the therapist in order for time to be scheduled in advance.

III. CANCELLATIONS & NO-SHOWS

There is little tolerance for late cancellations and no-shows: I do not charge penalty fees but expect us to modify the booking process and discussion about viability of continuing counseling. This is a necessary clause because this time is held exclusively for you and the waiting list for services is long. If you are late for a session, you may lose some of that session time.

A \$25.00 service charge will be charged for any checks returned for any reason for special handling.

IV. FEE AGREEMENT

Payment is required in full at the time of service, this is usually addressed verbally as per the unique needs of collaborating with insurance companies.

V. INSURANCE COVERAGE AND COVERAGE CHANGES

Notify your provider of changes to your insurance plan or coverage. You will assume responsibility for any costs not covered by a previous insurance or payment coverages due to your error. This means you understand changes in academic, job, or period of insurance coverage are your responsibility to monitor for alteration. Notify me immediately and we will work together to find the best path forward.

VI. TELEPHONE ACCESSIBILITY

To contact me between sessions you can leave a message on my voice mail (315.500.7255). I am often not immediately available and will attempt to return your call within 24 hours - you are invited to follow up at any time. In the event that you are out of town, sick or need additional support, phone/video contact is available. If a true emergency situation arises, please call 911 or any local emergency room.

VII. 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. Note that any social media interaction with the practice's official pages may publicly show you have had contact with this office or unintentionally disclose your interactions with the practice.

If you have questions about this, please bring them up when we meet and we can talk more about it - I fully embrace our human experiences and consider it a privilege to work with you as a fellow member of the real world, so not to stress about this too much.

VIII. ELECTRONIC COMMUNICATION AND TELEHEALTH

Please use the client portal messenger for communication. I cannot ensure the confidentiality of any form of communication through electronic media; though my applications and connections are HIPPA/HITECH compliant understand your contact methods may not be secure.

Special circumstances dictate that we communicate via email or text for issues regarding scheduling or cancellations - please cite Privacy Policy for additional information. While I may try to return messages in a timely manner, I cannot guarantee immediate response. We may establish therapeutic lines of communication but reserve therapy times for pursuing therapeutic objectives.

Services by electronic means, including but not limited to telephone communication, video, the internet, facsimile machines, and e-mail are considered telemedicine. Telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If we decide to use information technology for some or all of your treatment, you need to understand that:

- a. 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.
- b. All existing confidentiality protections are equally applicable.
- c. Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.
- d. Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.
- e. There are potential risks, consequences, and benefits of telemedicine.
- f. 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.
- g. All communication we have is documented and considered part of your protected and confidential medical record.

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. Considering technology in therapy risks include 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.

IV. 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.

V. REFERRALS TO OTHER PROVIDERS

Counseling services at this business may not be able to meet your needs, be it determined by the counselor, admin, or other entity. It is the duty of professional counselors to provide referrals to other providers in this instance.

VI. TERMINATION

Ending or pausing therapy is a regular course of treatment. 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 have no-shows, multiple cancellations, or fail to schedule an appointment for three consecutive weeks, I must consider the professional relationship discontinued for legal and ethical reasons unless other arrangements are made - simply notify me if you will be gone for an extended period of time.

If you "no-call/no-show" I will reach out to you via one of our communication channels. If I do not hear back from you I will proceed in filling that appointment time. If you wish to return to counseling you may not have immediate access to an appointment.

If attendance is difficult but you desire to continue counseling and it is therapeutically appropriate I will recommend using the portal to book your own appointments one at a time to fit your schedule.

VII. COUNSELOR AVAILABILITY

I will be available through most weekdays and will give notice in the instances of foreseeable extended leave. Due to the nature of private practice, you will have to leave a message for me to access when I'm not in sessions on the phone.

Please, always reach out if there is ever a question about continuing care, scheduling, or access to counseling at Equanimity Counseling.

VIII. COUNSELING ACQUAINTANCES/FAMILY

I prefer to counsel one member of a family or social group at a time. Exceptions will be considered with research and supervision. Each case is up for individual review and requires some time to consult and gather resources and make agreements. Initially, you will be referred to another counselor for help.

X. PUBLIC ENCOUNTERS WITH CLINICIAN

Sessions that include any activity outside of the office assume that you are okay with the idea of being seen in public conversing with a counselor. The same goes for chance meetings outside counseling (eg. supermarket). Thus is it your responsibility concerning the management of your confidentiality in this area - I will ignore your presence unless you, fully informed that your actions may disclose that you have been in therapy, approach me first. Even then, I will preserve your confidential information and maintain general, polite conversation.

XI. IN CASE OF ILLNESS, INJURY, OR DEATH TO/OFF THERAPIST

In the event that I am ill or injured in a manner that interferes with my ability to do psychotherapy I will cancel sessions as soon as I am capable through the medium of our communication.

If I am incapacitated I have arranged for another medical professional to access my medical records. Phone calls and correspondence will be forwarded to a qualified records custodian with whom I have a Business Associate Agreement and/or professional licensing. By signing this form you agree to allow this professional to access and

use this information.

A message similar to the following will be posted online:

"Due to recent events, clients and professionals are asked to contact [professional records custodian and will executor(s) for further direction."

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on MARCH 15, 2022

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE:

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