

Practice Policies

Odyssey Counseling Center LLC

1330 Win Hentschel Blvd., Suite 252

West Lafayette, IN 47906

765-204-9898

PRACTICE POLICIES

APPOINTMENTS AND CANCELLATIONS Please remember to cancel or reschedule 24 hours in advance. Cancellations and re-scheduled sessions will be subject to a full charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are more than 15 minutes late for a session, that is considered a no-show and will be subject to a full charge.

The standard meeting time for psychotherapy is 50 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 50-minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

A \$10.00 service charge will be charged for any checks returned for any reason for special handling.

Payment is due in full at time of service, and a valid credit card is required to be on file at all times. Fees are based on time reserved. Results are not guaranteed. No refunds for services rendered will be given. Failure to provide compensation for services will result in no further sessions being scheduled and possible criminal charges for re-compensation for services rendered. If credit card charges are disputed, you will be responsible for any and all fees accrued from the process

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

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 by the State of California. Under the California Telemedicine Act of 1996, 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 the therapist.

COURT FEES

Clients are discouraged from having me subpoenaed or having me provide records for the purpose of litigation. Even though you are responsible for the testimony fee, it does not mean my testimony will be solely in your favor. I can only testify to the facts of the case and to my professional opinion. I request a minimum of 72 hours notice of any court appearance so that schedule changes for my clients can be made within a reasonable time frame.

If a subpoena or notice to meet attorney(s) is received without a minimum of 72 hour notice, there will be an additional \$250 express charge, which must be paid prior to my appearance in the courtroom. If you are involved in any court proceedings and require my services, the following charges will apply:

1. Preparation time (including submission of records): \$220/hr (billable in 15 minute increments)
2. Phone calls: \$220/hr (billable in 15 minute increments)
3. Depositions: \$250/hour
4. Time required in giving testimony: \$250/hour
5. Mileage: \$0.50/mile
6. All attorney fees and costs incurred by the therapist as a result of the legal action.
7. Filing a document with the court: \$100 flat fee
8. The minimum charge for a court appearance: \$1,500 A retainer of \$1,500 is due in advance. If the case is reset with less than 72- business hours notice, then the client will be charged \$500 (in addition to the retainer of \$1500). All fees are doubled if I had scheduled plans to go out of town. Bills are presented to clients on a weekly basis, and payment is expected upon receipt.

DOCUMENTATION/LETTER-WRITING

You must discuss these needs with your medical or primary care provider. If a letter is required attesting the client's needs, I will provide it for a fee of \$35 per one-page letter and \$25 for each additional page. Letters are only provided to clients who have been seen for 8 sessions or longer. I will not write any Emotional Support Animal letters as I am not trained in pet behavior and am not covered in my liability insurance to do so.

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.

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.