SOLSTICE
MENTAL HEALTH TREATMENT

OFFICE POLICIES

Scheduling and Cancellations

All scheduling is done by me; therefore, any cancellations or appointment changes must go through me. The best way to reach me regarding scheduling is through text to (385) 212-4383 or email to solsticemht@gmail.com. You may also leave a voice message if you would prefer that method.

Cancellations must be made at least 24 hours in advance in order to avoid being charged for the appointment time. If you have an appointment on a Monday, you must let me know by the Friday before. Therapists schedule blocks of time. If someone doesn't show up, we cannot see another client. That time is lost. I know this can be an emotional and controversial subject. You are not being blamed; it is the structure of a business. Please note that no insurance companies reimburse for missed appointments. Also, because wireless communication is not 100% reliable, my policy is that ***no appointment should be considered canceled unless it is confirmed by me in a written response.*** I would also appreciate a written confirmation that you have heard from me about appointment changes.

Payment Policies

SMHT will bill private insurance companies for services; however, you are responsible to pre-authorize treatment and to know the mental health benefits for your particular insurance. By signing below you authorize us to bill insurance on your behalf and to provide necessary confidential information to your insurance regarding billing. You are responsible for making copayments in the amount stipulated by your insurance on the day of service. If you are not using insurance, you will be charged the private pay rate of $125/hour unless otherwise agreed upon. **Payment is required the morning of your scheduled appointment.** Credit card payments are accepted through a secure, encrypted platform that is HIPPA compliant and will automatically charge your card the morning of your session. If you do not show up for your scheduled appointment, you will not be refunded for the session. Any billing or payment issues should be discussed with me immediately so that we can resolve any problems and address any concerns.

Emergency Needs

I try to make myself available for emergencies. If for some reason, you call and do not get a response, and are experiencing a genuine emergency, you are advised to call 911 or go to your nearest mental health facility or emergency room. If you require hospitalization, I will stay in touch with your treating mental health professionals with your permission. We can resume outpatient treatment after an assessment of your status and needs. There is no charge for a brief (10-minute) phone check-in if there is an emergent need. However, you will be charged accordingly for a longer session or phone consultation.

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The Appointment Hour

A therapy "hour" consists of 50-55 minutes of therapy time. If I am late for an appointment, I will either complete with you the full time of your appointment (assuming your schedule permits) or owe you the extra time. If you are late, the appointment will end at its scheduled time and you are responsible for full payment.

Confidentiality

As a client, your privacy and rights to confidentiality are protected. Confidential information may be disclosed when you, the client, give written valid consent or when a legally authorized person gives consent on your behalf. Information about your treatment, diagnosis, and progress may be shared with insurance companies for the purposes of billing. Information you share with me may be entered into records in written form. All written documentation regarding your treatment will be secured in a private physical location or a HIPPA compliant cloud destination. Information about you and your treatment will not be shared casually or in public places.

There are some limits to your rights to confidentiality. Information about your treatment may be shared during supervision or consultation with other professionals and/or members of your treatment team. When this occurs, this information will be limited to only that which is necessary and relevant for the purpose of supervision or consultation. When possible, your identity will be protected.

State law and professional ethics designate therapists as mandated reporters in certain situations listed below in order to keep individuals safe. These laws also require therapists to maintain confidentiality of clients unless one of the below situations arise.

1. If there is suspected child abuse, elder abuse, or dependent adult abuse.
2. A situation in which serious threat to a reasonable well-identified victim is communicated to the therapist.
3. When threat to injure or kill oneself is communicated to the therapist.
4. If you are required to sign a release of confidential information by your medical insurance provider.
5. If you are required to sign a release for psychotherapy records if you are involved in litigation or other matters with private or public agencies. **Think carefully and consult with an attorney before you sign away your rights.**

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Confidentiality for Families & Children

When working with children or adolescents, I do not reveal to parents everything that a child or an adolescent tells me because this would interfere with the need to establish trust and rapport with your child. If a child or adolescent tells me anything that makes me seriously concerned about his/her safety and well-being or the safety and well-being of someone else, the child or adolescent's only choice regarding confidentiality is to participate or not to participate in telling his/her parents. I do not disclose any information about the child/adolescent or about their session without first informing them. I am always happy to provide updates and summaries regarding a minor's treatment to guardians and parents, however minors do have a right to privacy and are afforded confidentiality to preserve their own therapeutic relationships with me and to provide a safe, therapeutic space. I believe it is often necessary to communicate and have sessions with parents or guardians and to involve them in treatment because minors exist in family systems. I do understand there are exceptions to this belief and the involvement of family members is discussed and considered on a case-by-case basis.

Privacy

In daily practice, I may use facsimile, email, written correspondence, and cellular phone service. In all these instances, confidentiality will be protected to the best of my ability, but is limited due to the risk of information being overheard or ending up in the wrong hands. Every precaution will be taken to protect your privacy.

Termination and Follow-up

Termination is an important process in psychotherapy. If you are ready to begin the process of terminating, we will discuss this and spend time during sessions putting closure on our work together. Terminating treatment is usually up to the client. There are occasions, however, when I may initiate termination. The reasons for this decision will be discussed with you and will include an explanation. Possible reasons for a therapist terminating treatment include, but are not limited to: failure on your part to comply with mutually developed treatment goals and procedures; the realization that you are not benefitting from therapy; failure on your part to pay a bill; any violent, abusive, threatening or litigious behavior on your part; and/or if the therapeutic relationship is compromised in any way due to unforeseen circumstances. Any non-voluntary termination will be accompanied by an appropriate referral.

I leave it up to you to call and request an appointment time. **If you have a standing appointment and do not show up for two weeks in a row, I will call you one time and then take you off the schedule and consider you terminated**. Unless arrangements are made, if you are a regular client but have not called to schedule an appointment for one month, I will call you one time and then I will consider you terminated.

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Client Rights

You have the right to information regarding my training and professional credentials.

You have the right to be treated by me in a consistently competent, ethical, and respectful manner.

You have the right to a personal, individual assessment of your treatment needs in which your expertise about yourself is as important as my professional opinion about you.

You have a right to referrals to other competent professionals and services when your treatment needs indicate it.

You have a right to ask questions about the approach and methods I use and to decline the use of certain therapeutic techniques.

You have the right to confidential treatment except in circumstances already described in this document.

You have the right to information regarding anticipated length of treatment and prognosis if you stop treatment.

You have the right to stop receiving therapy from me without any obligation other than to pay for the services you have already received unless you are a danger to yourself or someone else.

You have a right to resume services following termination after assessment.

You have a right to discuss your treatment, concerns, questions, and complaints with me.

Interaction with the Legal System

I understand that I will not involve or engage my therapist in any legal issues or litigation in which I am a party to at any time either during my counseling or after counseling terminates. This would include any interaction with the Court system, attorneys, Guardian ad Litems, psychological evaluators, alcohol and drug evaluators, or any other contact with the legal system. In the event that I wish to have a copy of my file, and I execute a proper release, my therapist will provide me with a copy of my record. If I believe it necessary to subpoena my therapist, I would be responsible for his or her expert witness fees in the amount of $1,500.00 for one-half (1/2) day to be paid five (5) days in advance of any court appearance or deposition. Any additional time spent over one-half (1/2) day would be billed at the rate of $375.00 per hour including travel time. I understand that if I subpoena my therapist, he or she may elect not to speak with my attorney, and a subpoena may result in my therapist withdrawing as my counselor.

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PLEASE SIGN BELOW AND INITIAL THE RIGHT CORNER OF EACH PAGE TO ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THE INFORMATION DESCRIBED HEREIN AND THAT YOU HAVE DISCUSSED WITH ME ANY PART OF THE INFORMATION YOU DO NOT UNDERSTAND.

ALL FAMILY MEMBERS SHOULD SIGN BELOW. IF MINOR CHILDREN ARE INVOLVED, PLEASE PRINT THEIR NAMES AND IDENTIFY WHO IS THE PARENT/GUARDIAN SIGNING FOR THEM.

THE ORIGINAL COPY OF THIS DOCUMENT WILL REMAIN IN MY FILE AND A COPY FOR YOUR PERSONAL FILES MAY BE REQUESTED AT ANY TIME.

"I UNDERSTAND THE FINANCIAL POLICY, INCLUDING THE 24-HOUR (48 HOURS ON WEEKENDS) CANCELLATION REQUIREMENT TO AVOID FULL CHARGE FOR CANCELLED APPOINTMENTS. I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR INSURANCE CO-PAYS OR FOR SESSION COSTS THE MORNING OF MY SCHEDULED APPOINTMENT."

Signature and printed name(s) of client(s): **Date:**

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