

### **PRACTICE POLICIES**

**FEES, APPOINTMENTS AND CANCELLATIONS:** The standard meeting time for Psychotherapy, Counseling and Coaching is 50 minutes: 45 minutes for therapeutic work and about 5 minutes at the end of the session for scheduling. My fee for Counseling/Psychotherapy and Coaching Sessions (50 minutes in length) is \$140.00 per session. The standard meeting time for Intake and Assessment Sessions is 90 minutes in length: 80 minutes for therapeutic work and about 10 minutes for scheduling. My fee for Intake and Assessment Sessions (90 minutes in length) is \$210.00. Requests to change the length of time of a session need to be discussed in advance. Additional time for sessions is charged in 15 minute increments. As your therapist, it is my responsibility to keep track of the time and notify you during the session of when our time is nearing the end (usually at 45 minutes), and if possible within my schedule, give you the option of extending the session. If that is not possible, we can schedule an additional full session (50 minutes). Sessions that begin late incur the full session fee as the time has been set aside for you. Payment for the full session is due at the conclusion of each session. Credit cards, cash or personal checks (made to Coker Counseling and Life Coaching, PLLC) are acceptable forms of payment. If payment cannot be made at the time of service for any reason, the therapist reserves the right to deny future appointments until payment has been received. Credit cards on file will generally be charged that same day of service, or up to 7 days after service.

**MISSED APPOINTMENTS POLICY:** In the event you will be unable to keep an appointment, please notify me immediately by voice mail or text at (972) 318 9272. You will be responsible for the entire fee if cancellation is less than 24 hours from the time of the start of the session. Missed appointments or cancellations without 24 hour notice will be charged the full session fee. As a convenience to you, you may provide your credit card information and authorization to remain on file so as to avoid the standard billing and collections process.

**INCLEMENT WEATHER AND THERAPIST ILLNESS:** In the event of inclement weather, the office will close according to the local school district (Carrollton-Farmer's Branch). No fees will incur for appointments missed due to inclement weather policy or therapist illness.

**THERAPIST ABSENCE AND UNEXPECTED ABSENCE:** From time to time, I take time off for self care, time with family or to engage in other professional pursuits (education, speaking at conferences, etc.). I will let you know a week in advance of any planned absences and give you information about a therapist to contact who has agreed to "cover" for me while I am out, should you have an emergency arise while I am unavailable. In the event I am unable to continue to provide services due to sickness, accident or even death, I have identified a trusted colleague who will manage my practice and act as a Bridge Therapist, along with other therapists who may offer continuing care if I am unable to do so. He/she will have access to your confidential information, should something happen to me, and he/she is bound by all of the same legal and ethical obligations to protect your confidentiality, records and PHI. In the event this is needed, he/she would contact you and inform you of the situation and offer to meet with you or to make referrals to other practitioners whom I have identified and trust.

**TELEPHONE ACCESSIBILITY:** Giving my full attention to clients during sessions is of utmost importance to me, as well as being able to manage my time outside of sessions. Therefore, I may not be immediately available for unscheduled phone calls. If you have a question or need for support that cannot wait until our next scheduled session, you may leave me a confidential voice mail. I make every effort to return calls in a timely fashion based on the need indicated in the message as well as my schedule. Calls left over the weekend or holidays may not be returned until the next business day. It is my desire to be reasonably available to you as you work on changing. If I feel it beneficial, at times, I may initiate phone contact to monitor your progress or "check in" on significant events. Should I contact you, expect the interaction to be 15 minutes or less, if additional time is needed, we will decide together how to best proceed. Consultation time above and beyond brief scheduling appointments, the occasional question from you, or "check in" by me may be needed from time to time. Consultation is reserved for discussing the specific life situation for which you are seeking therapy and is only available once a therapeutic relationship has been established and as both parties agree that it is beneficial and appropriate and aids in meeting treatment goals. While unexpected events may prompt a need for consultation, as much as possible, it should be scheduled in advance.

**CRISIS:** If you are in need of immediate assistance or are experiencing an emergency, several options are available for you: 1. If a true emergency situation arises, please call 911 or go to your nearest local emergency room. 2. A few area behavioral health hospitals have 24 hour hotlines that provide assessments and you may call and speak with a clinician who can help assess whether immediate action is needed and help you get proper treatment. In the event that you require emergency services, please sign all necessary Release of Information and request the facility to contact me.

**SOCIAL MEDIA:** 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 email or 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 text and email 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. My practice management software generates an automated reminder via text, email or voice mail for the contact method you indicate (if any) and states that you have an appointment with me along with the day and time. Permission to use this feature indicates that you are aware of the risks involved.

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.

COORDINATION OF CARE: Coordination of care with existing and/or previous providers is necessary for quality care. I request a Release of Information from you for each of your current and previous relevant providers (therapist, psychiatrists, primary care physician, etc.). Obtaining information from other providers often speeds the change process and I emphasize open communication with them as far as is relevant for your treatment. Should coordination services beyond the typical standard of care be required for your treatment, or requested by you, time will be billed in 15 minute increments. This may include time spent reviewing documentation, interpreting measurements, and consulting with providers. In the event you require my involvement in a court proceeding, any document preparation, court costs, depositions, or other time spent testifying, waiting to testify, including time driving to and from court, will be billed at \$200 per hour. A copy of your medical record, as consistent with current HIPPA regulations and standards may be obtained for a fee of \$100.

GOALS, OUTCOMES AND SUCCESSFUL GRADUATION: At the beginning of treatment, we will decide together on what goals you want to focus on as well as the steps we will take to accomplish or get closer to them. Throughout treatment, we will monitor your progress according to those goals with "check ins" at regular intervals. I encourage open discussion of how therapy is going for you, what is working and how it can be adjusted, as well as where you see progress. I use an outcome measurement tool that tracks your progress and compares it to others using aggregated data and I protect your privacy using the same standards of protection as any of your PH (see "Notice of Privacy Practices"). As goals are met, we discuss either graduation from therapy, or what new goals you would like to focus on. The vast majority (some studies say 80%) of those who contribute consistent effort to therapy find that they reach their goals. Sometimes, however, even with hard work and a good plan, goals are not met. My main concern is that you make realistic progress so if that isn't happening, I want to work with you to find a solution. This may include changing therapeutic approaches, adding adjunct therapies, obtaining additional information through testing, involving family members, or more creative work outside of the therapy session. If none of these are effective at gaining progress, we may discuss together a referral to another provider, if needed.

TERMINATION OF 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 by you 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.

INSURANCE: I am not contracted with insurance panels as my preference is to have more time available to spend directly with you. In addition, it affords a greater degree of protection for your confidentiality. I do, however, maintain an NPI and EIN, which are both required for utilization of your out of network benefit. I also provide the diagnosis and CPT codes for services (where applicable). I can provide a statement to you of the services received as well as payments made, upon your request made at least one week in advance. It is your responsibility to contact your insurance provider and to learn and follow their procedure for filing your out of network benefit in order to obtain reimbursement for fees charged. Please note that some services provided may not be covered by your insurance carrier or plan (such as sessions over 50 minutes, chart review, time in court, etc. ) and therefore may not be reimbursed. I am happy to answer any questions to help you get started with this process.

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

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Client Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian (if client is under 18) Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian (if client is under 18) Signature

\_\_\_\_\_  
Date