EMERALD BEHAVIORAL HEALTH
SINCE 2019

Emerald Behavioral Health

PRACTICE POLICIES update effective 5/10/2024

APPOINTMENTS AND CANCELLATIONS

The standard meeting time for psychotherapy is 55 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 55-minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

Cancellations and re-scheduled sessions may be subject to a charge of $100.00 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 15 minutes or more late for a session, it is our policy to cancel that session. If the session is not cancelled, you must still end the session at the originally scheduled time.

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

Should you fail to schedule an appointment for two weeks, unless other arrangements have been made we must consider the therapeutic relationship terminated for legal and ethical reasons. Should you have two no call/no show/late cancellations in a row, we must consider the therapeutic relationship terminated for legal and ethical reasons, and all future appointments will be removed from the calendar.

PAYMENT POLICY

Emerald Behavioral Health accepts credit card and debit card as methods of payment. We do not accept cash or personal checks. ***All clients are required to keep a valid payment card on file.***

If applicable, Emerald Behavioral Health will bill insurance as a courtesy, however, ***it is your responsibility to know what your insurance benefits are. This includes but is not limited to: Co-pay amounts, deductibles, network status of provider, and coverage of services.***

- All invoices and statements are sent electronically via the client portal.
- payment is due at the time of service. If Emerald Behavioral Health is billing insurance and there is a co-pay, it is due at the time of service.
- The card on file will be charged for balances that are due on the last business day of the month if they were not paid at the time of service.
- Late Cancellation/No Show fees are due before the start of the next scheduled session.
- If an **account is 30 days past due** Emerald Behavioral Health will require my account be brought current prior to any future appointments.
- If an becomes **90 days past due**, Emerald Behavioral Health **may initiate collections** of this debt with a contracted collector.

TELEPHONE ACCESSIBILITY

If you need to contact your therapist between sessions, please leave a message on the main line voice mail. Clinicians are often not immediately available; however, they will attempt to return your call within 48 hours. Please note that Face- to-face sessions are highly preferable to telehealth 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.

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and the importance of minimizing dual relationships, staff of Emerald Behavioral Health do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). We 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 the therapeutic relationship. If you have questions about this, please let us know.

ELECTRONIC COMMUNICATION

Emerald Behavioral Health 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, we will do our best to accommodate this. While we may try to return messages in a timely manner, we 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. 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.

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. Your therapist may terminate treatment after appropriate discussion with you and a termination process if they determine that the psychotherapy is not being effectively used or if you are in default on payment. We 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, we will provide you with a list of qualified psychotherapists to treat you, or transition you to another therapist within Emerald Behavioral Health if you desire. You may also choose someone on your own or from another referral source.

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

Signature Date