

Graham Counseling Collaborative

911 Plantation BLVD. Set. A

251-517-7558

## PRACTICE POLICIES

### APPOINTMENTS AND CANCELLATIONS

Please remember to cancel or reschedule 24 hours in advance. You will be responsible for the entire fee if cancellation is less than 24 hours.

If you are using insurance you must provide insurance information a minimum of 12 hours before the scheduled appointment. Insurance information submitted later than 12 hours could result in cancellation and rescheduling of your appointment.

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.

Going over time / crisis appointments are subject to additional charges.

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

Payment for services are expected at the beginning of each session.

Cancellations, re-scheduled and / or no shows to 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 late for a session, you may lose some of that session time.

**TELEPHONE ACCESSIBILITY** If you need to contact me between sessions, please leave a message on my voicemail. I am often not immediately available; however, I will attempt to return your call within 24 hours. I also ask that you please refrain from using electronic forms of communication to discuss therapeutic issues or request help during an emergency situation. Please note that Face- to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town(in the state of Alabama,) sick or need additional support, phone sessions or tele-therapy is available. If a true emergency situation arises, please call 911 or any local emergency room.

Other resources: Alta Pointe 24-hour crisis line: (888)333-3044

**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. If you are interested in receiving tele-therapy, sessions are conducted on the Simple Practice interface because it is a secure and confidential platform.

**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.

**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.

## **RECORD-KEEPING**

Progress notes of our sessions will typically consist of a description of what occurred in session, an assessment, and related interventions. Other information in your file may consist of the following: diagnosis, functional status, treatment plan, symptoms, prognosis, and progress. This file is stored in a secure location and will be retained until 7 years after the termination of therapy. You may request to see your file at any time by making a written request.

## NO RECORDING POLICY

Video and / or audio recording is prohibited on the premises of Graham Counseling Collaborative, including but not limited to: the lobby area, bathrooms, and individual therapist offices. Failure to comply with this policy could result in immediate termination of services.

## NON-LITIGATION

In order to maintain the integrity of my role as your therapist, I will not be able to testify on your behalf in matters pertaining to child custody, divorce proceedings, and the like. Doing such on your behalf would likely compromise our therapeutic relationship. Additionally, there may be elements in your mental health record that may present you in a less flattering light. By consenting to treatment, you agree to not involve me in such matters. If there are extenuating circumstances and I am required to divulge information related to your treatment to a court of law, I will require a fee of \$300 per hour for time spent on preparation, letter-writing, travel, delivering testimony, and courtroom waiting time.

**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.

## PRACTICE OWNER DISCLAIMER

Please note that all therapists other than the Practice Owner (Brittany Graham, LMFT) are **INDEPENDENT CONTRACTORS** of Graham Collaborative, LLC (DBA Graham Counseling Collaborative.) Practices, opinions, and perspectives shared by independent contractors do not necessarily reflect the views and positions of the practice, the owner, other employees, or other contractors associated with GCC. By signing below you agree to not hold Graham Counseling Collaborative or any of its associates liable for malpractice on your individual therapist's part. Any issues should be taken to that therapist's licensing board as listed on their individual informed consent.

## REFERRALS

Additionally, we are a group practice setting with professionals of various backgrounds and expertise. At times, we may staff your case for the purpose of treatment planning or making appropriate referrals. Should a referral for additional services need to be made within our practice, you may be contacted by another therapist after obtaining your verbal or written consent.

Should your best interests be served by a referral for a therapist outside of this practice, we will provide you with their contact information.

## NON CLINICIAN CONTACT

You may be contacted by NON CLINICAL employees or contractors of GCC (Erika Mims or Heather Hayes) for the purpose of scheduling, billing, or other matters regarding your account. While these individuals are knowledgeable about how to handle personal health information, please note that you should only discuss sensitive medical information with a trained therapist or your assigned provider.

#### OTHER CLINICAL CONTACT

You may be contacted at times by clinicians other than your assigned provider who are contracted with GCC for purposes such as: discussing a referral, treatment planning, scheduling, matters related to your account, or should your assigned provider be unavailable for any reason. All employees and contractors have signed Business Associate Agreements and are knowledgeable and committed to keeping your Protected Health Information private. See [fairhopecounseling.com](http://fairhopecounseling.com) for current list of contracted clinicians.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_