

Alliance Mental Health Counseling, PLLC 235 Mamaroneck Avenue, Lower Level White Plains, NY 10605 Phone: 914-236-4020 Email: sean@alliancemhc.com

PRACTICE POLICIES

APPOINTMENTS AND CANCELLATIONS

Cancellations and rescheduled sessions will be subject to the full session fee if notice is not received at least 24 hours in advance. This fee may apply to late cancellations and missed appointments and may not be reimbursable by insurance. The practice may waive the fee in its discretion based upon emergency or other exceptional circumstances. If you arrive late for a session, the session will ordinarily end at the originally scheduled time and you remain responsible for the applicable session fee.

A \$10.00 service charge may be assessed for a returned check or other failed payment, to the extent permitted by applicable law.

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. Please note that face-to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available. The practice does not provide continuous emergency or crisis coverage. If you are experiencing an immediate mental health or medical emergency, believe that you or another person may be in immediate danger, or require immediate assistance, call 911 or go to the nearest emergency department. Do not rely on voicemail, email, text messaging, or the client portal for emergency assistance.

CONFIDENTIALITY

Information disclosed in psychotherapy and records relating to treatment are generally confidential and will be maintained and disclosed in accordance with applicable federal and New York law. Confidentiality is not absolute. Information may be disclosed when authorized by the client or when disclosure is permitted or required by law, including circumstances involving suspected abuse or maltreatment, serious safety concerns involving the client or another person, court orders, or other legal requirements. When legally permissible and clinically appropriate, the therapist will discuss a necessary disclosure with the client.

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

Electronic communications, including email and text messaging, may present privacy and security risks, and the practice cannot guarantee the confidentiality or security of information transmitted through these methods. Email and text messaging should generally be limited to

administrative matters such as scheduling, cancellations, and other routine communications and should not be used to communicate sensitive clinical information unless specifically agreed upon. Electronic communications are not continuously monitored, and an immediate response cannot be guaranteed. Do not use email, text messaging, voicemail, or the client portal to request emergency or crisis assistance.

If you and your therapist choose 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, diagnoses, and interventions based not only on direct verbal or auditory communications, written reports, and third-person consultations, but also on 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 mannerisms 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 to the therapist.

TELEHEALTH SERVICES

The practice may provide services through secure video, telephone, or other approved remote communication methods when clinically appropriate. Telehealth involves the delivery of professional services when the therapist and client are in different locations. The same professional standards applicable to in-person psychotherapy apply to telehealth services.

Telehealth may provide benefits including increased accessibility, convenience, and continuity of care. It also presents potential risks and limitations, including technology failures or interruptions, limitations in the therapist's ability to observe nonverbal information, privacy or confidentiality risks, and limitations in responding to emergencies from a remote location. Telehealth may not be clinically appropriate for every client or under every circumstance. The therapist may recommend or require in-person treatment or referral to another provider when clinically appropriate.

At the beginning of a telehealth session, the therapist may confirm the client's identity and physical location and may request information necessary to respond to an emergency, including an emergency contact. Clients are responsible for participating from a reasonably private location and using appropriate safeguards to protect their privacy.

Because professional licensing requirements may depend upon the client's physical location at the time services are provided, clients must advise the therapist of their physical location during telehealth sessions and notify the therapist before receiving services while located outside New York State. The therapist may be unable to provide services while the client is located in a jurisdiction in which the therapist is not authorized to practice.

If technological problems prevent a telehealth session from continuing, the therapist and client may attempt to reconnect, continue by another appropriate method, reschedule the session, or make another clinically appropriate arrangement. Telehealth services are not intended to provide continuous emergency or crisis coverage. In an immediate emergency, call 911 or go to the nearest emergency department.

MINORS

Special considerations apply to the treatment of minors, including issues concerning consent, confidentiality, parental or guardian involvement, access to treatment information, and legal authority to make treatment decisions. When applicable, these matters are addressed more fully in the practice's Parent/Legal Guardian Consent for Treatment of a Minor, which supplements these Practice Policies and the practice's Informed Consent for treatment.

CLINICAL RECORDS

The practice maintains clinical records relating to assessment and treatment in accordance with applicable professional, legal, and regulatory requirements. Records are maintained in a manner intended to protect their confidentiality and security. Records will be retained for the period required by applicable New York law and professional regulations, including applicable requirements governing records of minor clients.

Requests to inspect, obtain, amend, or release treatment records will be handled in accordance with applicable federal and New York law. Certain information may be subject to different rules concerning access or disclosure, and the practice may require a written authorization before

releasing information to another person or provider unless disclosure is otherwise authorized or required by applicable State law.

TERMINATION

Therapy may end at the client's request or when the therapist determines that treatment is no longer clinically appropriate, is not being effectively utilized, falls outside the therapist's scope of practice or competence, or when other circumstances make continuation of the professional relationship inappropriate or impracticable. Treatment may also be discontinued for failure to comply with practice policies, including nonpayment, subject to applicable professional and legal obligations.

When reasonably possible and clinically appropriate, termination will be discussed with the client and reasonable steps will be taken to support continuity of care, which may include recommendations or referrals to other qualified providers. The client remains free to select a provider of the client's choosing.

If a client does not schedule or attend an appointment for three consecutive weeks and no alternative arrangement has been made, the practice may consider the therapeutic relationship inactive or discontinued. When clinically appropriate, the practice may attempt to contact the client regarding treatment status, recommendations, or continuity of care.

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

Print Name

Date

Signature