

Sarah Fleming Creativity & Healing
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Policies and Procedures/Informed Consent for Treatment

Sarah Fleming Creativity & Healing and any associated affiliates are herein considered "we" or referred to as SFCH. This document serves as the basis for a formal agreement between you as a client of SFCH and SFCH. It is important for you to understand this agreement so please read this document in its entirety and ask your counselor/therapist about anything that is unclear to you.

Fee Policy and billing: For office sessions, full payment is due at time of service. For online sessions, payment is due before the session begins. Two unpaid sessions will result in an inability to schedule a subsequent session until sessions fees are paid.

Please see Fee Schedule for session costs.

Fees for additional services that may arise during our time together:

Telephone Consultation/Coordination (per 15 minutes): \$30.00/15 minutes,
Copy of Record (depending on size of chart): \$25.00/min each copy,
Treatment Report/Summary (per page): \$100.00/page,
Completion of External Paperwork, including letter writing and correspondence: \$30.00/15 minutes, Legal Proceedings (per hour): \$250.00 (this includes any preparation, transportation, consultations, and participation/attendance at legal proceedings),
Telephone Consultation/Coordination (per 15 minutes): \$30.00/15 minutes, Copy of Record (depending on size of chart): \$25.00/min each copy, Treatment Report/Summary (per page): \$100.00/page, Completion of External Paperwork, including letter writing and correspondence: \$30.00/15 minutes, Legal Proceedings (per hour): \$250.00 (this includes any preparation, transportation, consultations, and participation/attendance at legal proceedings) **A processing fee of \$10.00 will be added to those accounts that require a statement.

Legal Proceedings: SFCH does not voluntarily participate in legal proceedings. This contract is an agreement between you and SFCH that you shall not, for any reason, attempt to subpoena SFCH's testimony or records to be presented in a deposition or court hearing of any kind for any reason (e.g., a divorce case).

Record Keeping: Electronic record keeping and billing is done with the use of a third party online service called Psyquel. For more information on Psyquel and their services, please inquire with SFCH and/or review Psyquel's policy and procedures. Paper files are kept behind two locked doors, per HIPPA regulations.

Out of Network Benefits: You may have out-of-network mental health benefits. This means you may be able to submit a receipt (or "superbill") and claim submission form for your session payments in order to be reimbursed through insurance. SFCH will provide the receipt and claim submission form for you to fill out and mail in to your insurance company. Please note, if you choose to submit for reimbursement, at times diagnosis will be needed. This diagnosis then becomes a part of your permanent record. Insurance will only reimburse services that are deemed "medically necessary." This means, that they will typically only cover counseling for issues that have a recognized mental health diagnosis attached to them. Even when an insurance carrier "authorizes" services, actual payment for those services is contingent upon a number of specifics, some of which may not be known until after services have been delivered. For example, a client may not have received a diagnosis that is covered by the client's insurance policy. It is the client's responsibility to be knowledgeable about his/her health insurance policy's mental health benefits and all limitations. The client is responsible for payment of any amounts not paid by insurance and your signature on this form indicates your acceptance of this responsibility. SFCH is not responsible for any unpaid claim. Mental health coverage and limitations usually differ from normal medical coverage. If you have questions about your insurance coverage, please call your insurance plan administrator. If the diagnosis is approved, your insurance company will then reimburse based off of what your benefit coverage entails and at the "usual and customary rate." The usual and customary rate is a rate that individual insurance companies have decided to pay providers in a certain area. Please note you will be responsible for anything above the usual and customary rate. For example, if you have a 20% coinsurance and the usual and customary rate is \$100, then you will be responsible for \$20 plus another \$25 to meet a \$125/hr session rate.

Cancellations/No-shows: A cancelled appointment delays our work. When you must cancel, please give at least 24 hours notice. If you are unable to provide at least 24 hours notice when you cancel, you will be charged the **full fee for your session**. The only time I will waive this fee is in the event of serious or contagious illness or emergency. No show/late cancellation fee will be due within 15 days of the scheduled appointment, and a 10% fee will be added to total amount every 15 days payment is late. The late cancellation/no show fee must be paid before another session can be scheduled. If two sessions are missed due to a no-show/no-call, you will no longer be able to schedule sessions in advance. You will be able to call the day of your desired appointment to see if there is an opening in the schedule. Please be aware that you are free to end therapy with me at any time and have no moral, legal, or financial obligation to complete a certain number of sessions. However, please inform me if you are choosing to end treatment to avoid incurring late cancellation or no-show fees to be sent for unpaid balances.

Tardiness to Sessions: Promptness to appointments mean we can maximize our time together. Please note, you will be charged the full session fee even if you are late, and the end time will remain the same. Tardiness over time will result in a conversation to try and resolve the issue. If chronic tardiness continues, this may result in my resignation of services.

Emergencies: SFCH does not guarantee after-hours access to phone and email. In the event that you experience a psychological emergency, please call 911, go to your nearest emergency room (UVA Health Systems or Martha Jefferson), or call the National Suicide Prevention Lifeline at 1-800-273-8255, <https://suicidepreventionlifeline.org/>.

Confidentiality: Under normal circumstances everything you discuss with SFCH will be held in strict confidence. However, you should be aware that there are some exceptions in which SFCH may be required to report information to proper authorities and/or an appropriate family member or friend without your permission. If SFCH believes there is a risk that you might harm yourself or someone else, SFCH will be required to contact the authorities, a family member or friend, or the person being threatened to give them the opportunity to protect you and/or him/herself. SFCH is also mandated by the state of Virginia and Massachusetts (State Law, Chapter 119, Section 51a and Code of Virginia §63.2-100) to report suspected incidents of child and/or dependent adult abuse. If you become involved in any legal issues in which your mental health is an issue (for example child custody disputes or an injury lawsuit resulting in emotional pain/ suffering) then the courts may insist upon, and obtain your counseling information from SFCH. Finally, as previously discussed, if you are utilizing third party payment, then your insurance company will need access to certain information, including (but not always limited to) your diagnosis, dates of your visits, and type of visit. SFCH will use its best judgment in both discussing these circumstances with you if they arise, and in disclosing only essential information when required. You should also know that SFCH consults regularly with other professionals regarding clients cases. This allows SFCH to gain other perspectives and ideas as how to best help you reach your goals. Such consultations are obtained in a way that your complete confidentiality is maintained.

Correspondence through Technology: Please note, that any phone call, text, online session, or email can put your confidentiality at risk. If you choose to use any of these forms of communication, please be advised of this potential risk and that confidentiality can not be guaranteed. Even deleting messages does not guarantee that they will not be seen by a third party. SFCH offer emails that can be encrypted. If you desire to use encryption during email correspondence, please inform SFCH.

Results of Counseling: It's important to know that counseling is not always easy. You may find yourself discussing very personal information, and you may find these conversations difficult. SFCH may suggest changes for you that at first may make you feel awkward or uncomfortable. As you learn more about yourself, you may encounter changes, some pleasant and some unpleasant in your relationships with family members, friends, co-workers, etc. Counseling can be a disruptive process as you seek to create the change in your life that you desire, and it is possible that you may at times become depressed, anxious, agitated, or feel some other emotional/physical discomfort as you proceed through this process. You will always be free to move at your own pace, and talk with SFCH about any of these kinds of things that you may experience. It is also important for you to understand that SFCH cannot offer any promise about the results you will experience. Your outcome will depend upon

many things, some that are beyond SFCH's control. If at any time SFCH believes that your situation requires knowledge that SFCH does not have, you may be referred for a consultation with someone who has more specific training or experience in that given area. SFCH will discuss any such referral with you before hand. It is also possible that unanticipated changes may occur for the therapist that are beyond his or her control. The therapist will do his or her best to verbalize these changes to you and discuss them in a timely matter.

Your Rights and Responsibilities: As a client at SFCH, you are entitled to certain rights, and you are also responsible for particular aspects of your own care. A complete list of such rights and responsibilities will be provided to you.

Procedure Filing complaints: If at any time in your counseling experience here at SFCH you have concerns about your treatment, you may engage in the process of filing a formal complaint through the following steps:

- * Raise your concern directly with SFCH, and attempt to reach a mutual understanding and resolution
- * If you are not fully satisfied after speaking with SFCH, ask for a formal "Complaint Form" which you can complete and return.
- * File a complaint with the therapist's licensing board (NASW) or the BBB.

Client Signature_____ **Date**_____ **Printed**

Name:_____