



## CLIENT POLICIES AND PROCEDURES

Welcome! We thank you for allowing us to serve you and assist you with making lasting change in your life.

In order to provide the best possible service to you it is important that we explain our policies to you, which are outlined below. If you have any questions about the policies, please be sure to explore them with your therapist.

### **Appointments**

Services are provided via phone and video chat. You may schedule or cancel appointments online or by calling/texting (215) 678-6206.

### **Cancellation/No Show Policy**

It is important that you contact your therapist directly if you are running late. We will assume that you are not attending a session if you are more than 20 minutes late and have not contacted us via phone or e-mail. If you cancel your appointment less than 24 hour prior to your appointment time (including your first initial appointment), you will be responsible for paying a \$50 late cancel fee since insurance will not cover any missed sessions. This applies to no show appointments as well. Cancellations may also be left on our voicemail if calling after hours.

### **Confidentiality**

Communication between you, the client, and your therapist is **confidential** and your information will not be revealed or shared with any party without your expressed written consent

(*Authorization to Release Information* form) for us to do so, **unless:**

- You describe a plan to harm yourself (suicide),
- You describe a plan to harm someone else (homicide), and/or
- you disclose information regarding the harm (abuse or neglect) of a minor (a person under age 18) to the therapist.

All other information remains confidential. If you have any questions about confidentiality please inquire with us at any time.

In addition, please know that should a medical or clinical emergency occur, we may need to get in touch with the person you designated as your emergency contact.



## **Mental Health Crisis Services**

We are available to you in cases of emergencies that are not life threatening by dialing (215) 628-6206. In the case of a life threatening emergency, dial 9-1-1.

- National Suicide Hotline 1-800-784-2433
- Trans Lifeline 1-877-565-8860
- Suicide Prevention Hotline for Spanish speakers 1-888-628-9454

## **Communications**

It is your responsibility to notify us if the address, e-mail, or phone numbers that you provided at the time of your initial contact change, or if you wish to change your preferred mode of contact. You may contact your counselor outside of your scheduled session by calling the main office at (215) 678-6206. We strive to return calls within 24-48 business hours whenever possible.

### **Limits to Using Technology (cell phones and e-mail)**

In today's society, most of us use technology on a frequent basis. However, there are limits to the security of technology. Communicating through email and cellular phones has some of the following risks:

- The information can fail to be received.
- The information can be sent to an incorrect e-mail address.
- Encryption technology can fail.
- Confidentiality can be breached by hackers or internet service providers at either end of transmission (i.e. from the sender or the receiver's end).

For these reasons, we cannot guarantee that information transmitted through the use of cellular phones or e-mail is confidential. We suggest that e-mail and text communication be used for the purpose of scheduling appointments. Your signature indicates that you are aware of and understand the limitations and risks of communicating by e-mail and cell phone.

## **Social Media**

Dr. Ya may maintain social media pages for **informational and marketing purposes only** and **are not to be used** to make appointments or request services of any kind. It is our policy that counselors will not "friend" current or past clients on any social media platform.

## **Case Consultation**

We use case consultation to ensure that we maintain a high caliber of practice and to increase our knowledge and skill level. This is done to ensure that the services provided are effective. Case consultation occurs between Dr. Ya and the other therapists within our practice.

## **Treatment Planning:**

Past issues, current problems, and future goals determine the direction of treatment. All areas of life (health, education/career, psychological issues, social issues, life style, housing/environment, family issues, spiritual issues) will be considered during planning. The Clinician and client will identify specific goals and review progress towards those goals on a regular basis. Goals can be changed or modified at the request of the client(s).



### **Payment Methods**

We accept cash, credit cards, and Paypal for payment. Session rates are to be paid at time of service.

### **Insurances Accepted**

Dr. Ya takes most insurances. **You are responsible for your co-pay and any balance or rejected claim not paid by your insurance company.** You must also inform us if there is a change in your insurance coverage. In the event that your insurance lapses without notifying Dr. Ya, you will be billed for the allowable rate on any uncovered services.

If Dr. Ya is considered by your insurance to be an *out-of-network provider*, we will provide you with statements that you can submit to your insurance company for reimbursement. *As the client you are responsible for the full session fee.*

### **Discrimination Policy**

Dr. Ya does not discriminate on the basis of race, ethnicity, national origin, religion, sex, age mental or physical disability or medical condition, sexual orientation, claims experience, medical history, evidence of insurability including conditions arising out of acts of domestic violence, disability, genetic information, or source of payment in the delivery of mental health services .

### **Complaints or Grievances**

If you are dissatisfied in any way with the services you have been provided, you may report this to your counselor or the Dr. Ya. We will attempt to work with you to address the issue and provide you with a satisfactory resolution.



## INFORMED CONSENT TO TREATMENT

### Client Rights

As a client of Dr. Ya, you have the right to:

- Participate in developing an individual plan of treatment.
- Receive an explanation of services in accordance with the treatment plan.
- Participate voluntarily in and to consent to treatment.
- Object to, or terminate treatment.
- Be treated in a manner which is ethical and free from abuse, discrimination, mistreatment, and/or exploitation.
- Be treated by staff who are respectful to one's cultural background.
- Be afforded privacy.
- Be free to report grievances regarding services or staff to a supervisor.
- Request a change in therapist.
- Request that another clinician review the individual treatment plan for a second opinion.
- Have your records protected by confidentiality and not be revealed to anyone without my written authorization

*By signing this notice, I/we acknowledge that:*

- **I/We reviewed this policy and have had the opportunity to ask questions about it;**
- **It is my responsibility to keep my contact information current (e-mail, address, phone number, etc.);**
- **I may make changes to my authorization of contact mode by providing a directive in writing.**
- **I am fully responsible for payment of services.**
- **I may stop receiving services at any time.**
- **I seek and consent to participate in the services provided by Dr. Ya.**

Please sign below to indicate receipt of this form and agreement with the outlined policies.

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Client Name (Print)                      Client Signature                      Date

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Client Name (Print)                      Client Signature                      Date

