# **Practice Policies and Procedures**

Kaki Tipler Therapy, PLLC

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#### **Practice Policies and Procedures**

PLEASE REVIEW THE FOLLOWING NOTICES CAREFULLY. BY CONTINUING SERVICES, YOU ARE INDICATING THAT YOU HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED HERE.

**Welcome** to my psychotherapy practice! I know that choosing a therapist to work with and beginning therapy can both be challenging tasks, and I look forward to be of help to you. This document contains information on the policies and procedures of my practice. Please read this document carefully, as use of services indicates understanding of and agreement with its terms. I will be happy to answer any questions or concerns you may have

#### Licensure

I am a Licensed Independent Clinical Social Worker in the District of Columbia (LC50080776) and a Licensed Certified Social Worker-Clinical in Maryland (21509).

#### **Psychotherapy Services**

Therapy is a relationship between the therapist and client that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. As the client, you have the right to be informed or and participate in the evaluation and selection of treatment services, with I, the therapist, will provide to you. All of these services provided are voluntary, and you have the right to request a change in service or to formally withdraw your consent at any time. More of these rights and responsibilities are described in the following sections.

## Therapy Risk and Benefits

Psychotherapy has both benefits and risks, and is different than visiting your medical doctor, as it requires your ongoing and active participation both in and outside of sessions. In therapy, many times you will be discussing experiences, emotions, and thoughts that are unpleasant and uncomfortable, which can result in difficult feelings. This can sometimes lead to things like depression, anxiety, or insomnia. Sometimes, things might seem like they are getting worse before they get better. You may have sessions in which it seems like you are not making progress, and this is very common, as change happens in small increments and takes time. Psychotherapy requires a very active effort on your part.

Psychotherapy has been shown to have many benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, and resolutions to specific problems. That being said, there are no guarantees as to what you will experience in pscyhotherapy.

In signing this agreement, you are agreeing to do the work necessary to achieve the changes that you want. In signing this agreement, you also agree to be open and honest in sharing feelings and concerns, both positive and negative, with the therapist about the process of therapy and how you feel it is going. I will work with you to create a space in which these types of conversations can take place.

#### **Evaluation**

The first few sessions we have will include an evaluation of your needs. By the end of this evaluation, I will be able to offer you some initial impressions of the problem, what our work might include, and some possible treatment outcomes if we begin working together. You should evaluate this information and make your own assessment about whether you feel comfortable with the treatment goals. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, it is important that you agree to talk with me about them, and I will be happy to provide you with a referral to another mental health professional that may be a better fit. If I feel that I am not the best fit to meet your needs, I will talk with you about this and help connect you to another mental health professional. Meeting for an evaluation does not necessitate ongoing work in psychotherapy together.

### Sessions/Scheduling

If we both decide to begin working together in psychotherapy, we will create initial treatment goals, and I will schedule you one or more session(s) per week at a time or times we agree upon. Appointments will ordinarily be 45-50 minutes in duration. If we agree to meet weekly, your recurring time will be assigned to you and you alone each week. The success of your treatment greatly depends on the consistency of our sessions, so it is very important that we make every effort to meet weekly at our agreed upon session time.

In certain cases, you may ask to reschedule. If rescheduling begins to happen frequently, we will address this in therapy. You may elect in the patient portal to receive appointment reminders via text and/or email. If you are early or late to a scheduled session, it will start and end at its regularly scheduled time. Should I need to start late or end early due to an urgent issue, we will discuss whether to make up the time or prorate the fee.

### **Cancellation Policy**

I require \*\*48 hours notice\*\* to cancel or reschedule a session. Sessions that are cancelled in less than 48 hours are charged the full fee, unless we are able to reschedule for a mutually available time within the same calendar week either in-person session, via phone, or Skype. To cancel or change a session, please contact me via messaging service in Simple Practice, email me at kaki@tiplertherapy.com, or update the client portal as soon as possible. If you miss a session without notice, or "no show," you will be charged the full session fee, even if we are able to meet at a later time that week. It is important to note that insurance companies do not provide reimbursement for cancelled/ "no show" sessions, phone sessions, or Skype sessions. If we have agreed to meet weekly at a recurring time and you miss more than one session in a four-week period, I may not be able to hold your allotted time slot and may discuss alternative scheduling options.

During inclement weather or other circumstances in which I am unable to reach my office, I will contact you via email. I will typically offer the option of telehealth for those who prefer to meet, but this is not required.

### Billing and Fees

My usual fee for an individual psychotherapy intake is \$230. My usual fee for an individual psychotherapy session is discussed individually prior to beginning work together. You are responsible for paying my intake or psychotherapy fee at the time of your session. Clients typically maintain a credit card in the patient portal on Simple Practice and is billed automatically the day of the session. I will also accept exact cash or checks, with payment due at the time of session. I reserve the right to use an attorney or collection agency to secure payment if payment is not received.

Returned checks and declined credit cards are subject to a \$25 fee, and will be charged an additional \$25 for each week the payment is late. I reserve the right to charge any payment method on file for the outstanding balance, and to reduce or suspend treatment until the balance is resolved. If your account has not been paid in 60 days, I reserve the right to take legal action to obtain payment. If you have a question about a charge on your credit card, please contact me before disputing the charge through your card company. Due to the significant time and delays involved in responding to disputed charges, disputed charges that were correctly applied in accordance with this client services agreement are subject to a \$50 fee. Should you need to discontinue treatment due to financial concerns, I will do my best to provide referrals to reduced fee treatment options.

I typically do not charge for phone conversations or outside of session work under 10 minutes in length. Recurring out of sessions contacts, or contacts/tasks lasting longer than 10 minutes, or other professional services such as meetings or conversations with other mental health professionals with your permission, attendance at meetings, preparation of records or treatment summaries, and the time spent performing any other service you may request from me, will be charged a pro-rated amount based on your session fee.

Occasionally, I need to raise my fees. I will give you advance notice of such changes in my fee and allocate time for us to discuss it.

#### Insurance Information

My practice model is fee for service. I am considered an "out of network" provider, and my practice is not a Medicare provider. Many insurance plans provide out of network benefits for psychotherapy (code 90834) and will reimburse a significant portion of your payment. If you plan to seek reimbursement, my patient portal generates "superbills" on the first of each month that you may download and submit for reimbursement. I am unfortunately not able to send "superbills" via email due to HIPAA regulations.

### Contacting Me/Internet and Social Media Policy

I am often not immediately available via telephone. If you need to reach me between sessions, please contact me via email at kaki@tiplertherapy.com, leave me a voicemail message at (202) 570-4731, or send me a secure message in the client portal in Simple Practice. I typically respond to messages within one business day, except on weekends, holidays, or scheduled leave. I limit email correspondence to scheduling and administrative matters to help preserve the security of your healthcare information, and I encourage you to use discretion in the information you share electronically. If an urgent matter that requires discussion between sessions arises, we may arrange to speak via phone or schedule an additional session.

Additionally, due to therapeutic boundaries, as well as the difficulty in interpreting text messages, I do not use this method of communication with my clients and ask that you not send me text messages. Should you need to speak with me, please send me an email, leave me a voicemail message, or send me a message in the client portal in Simple Practice.

Due to the confidentiality required in treatment, I will not engage with you on any online social networking websites (Facebook, Google+, Twitter, LinkedIn). In general, non-secure forms of communications that contain therapeutic questions or concerns will be addressed in session. The use of FaceTime, Skype, and other similar devices/platforms may not be confidential/HIPPA compliant. Should you request any therapeutic services via these mediums they may not be confidential. In requesting services via these mediums, you acknowledge that your privacy cannot be assured.

#### **Professional Records**

The law and standards of my profession require that I keep treatment records. Should you request a copy of your records, I strongly recommend that we schedule a dedicated session for us to interpret the records together. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. It is important to note that if you desire your records released to you or another party, once released, I can no longer guarantee their confidentiality. Clients may be charged the agreed upon hourly session fee for any professional time spent in responding to information requests.

## **Crisis and Forensic Services**

In case of life threatening emergency, please call 911 or go to your nearest emergency room. I am a solo practitioner, and as such, I do not offer crisis services, and my practice is not a fit for individuals who are in need of crisis care. In the rare situation in which a client is experiencing an emergency that requires an extension of our time into the next therapeutic hour and the potential cancellation of my next scheduled client, time billed beyond the first hour will be billed at twice the regular rate on a per-minute basis. I do not offer forensic services, such as in child custody or divorce cases.

If you become involved in a legal matter that requires my participation, you will be expected to pay for my required professional time, including preparation and transportation costs, even if I am called to testify by another party, and my hourly rate is three times the regular session fee. If such a situation arises, it is recommended that we discuss this in detail before you waive your rights to confidentiality.

# **Ending of Changing the Frequency of Therapy**

Therapy provides a unique opportunity to navigate interpersonal conflict and approach the end of a relationship in a new and intentional way. If you begin to feel that you are ready to end or change the frequency of treatment, or if you are concerned or dissatisfied with the therapeutic process, please raise these matters at the start of your next session so that we may fully discuss them. The decision to end therapy will ideally involve a mutual assessment of your needs, a review of your progress, and the selection of an end date that allows for time to process the end of the therapeutic relationship.

If you miss a scheduled appointment without notifying me, I will typically reach out and encourage you to discuss whatever might have led to you missing the session. If you miss more than two recurring sessions without contacting me, I may consider our work terminated and close out your patient file. I recognize that therapy can be emotionally challenging work and that clients may have various reasons for discontinuing the work. As such, you are welcome to contact me in the future if you wish to discuss restarting treatment.

#### Other Rights

You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.