



## **Radiant Pathways Counseling & Wellness**

[client@radiantpathcw.org](mailto:client@radiantpathcw.org)

Phone: 319.855.7899 | Fax: 303.496.0786

### **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.

The standard meeting time for psychotherapy is 55 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 55-minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

A service charge will be charged for any checks returned for any reason for special handling. This amount will be equal to any amount assessed by my bank.

Cancellations and re-scheduled 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, your session's end time will not be extended. After 15-minutes late, the session will be cancelled, and you will be charged a No-Show Fee.

Late-Cancellation fees are equivalent to one 30-minute therapy session, totaling \$100. No-Show fees are equivalent to one 55-minute therapy session, totaling \$200. The fee may vary based on any existing financial agreements between Radiant Pathways and the individual client. These fees are not eligible for insurance reimbursement and are the sole financial responsibility of the client.

Clients covered under **MEDICAID** will not be charged the late cancellation or no-show fee. However, the same policy applies. Medicaid clients will be subject to a 3-strike policy, in which 3 late-cancellations or no-shows within a 12-month period will be grounds for termination of services.

Repeated occurrences of Late-Cancellations and/or No-Shows may result in termination from therapy services with Radiant Pathways.

#### ***TIMELY PAYMENT***

Payment is due within 72 hours of services rendered. It is your responsibility to make sure that payment is made on time. Late or non-payment may result in cancellation of future appointments until your balance is paid in full or alternative payment arrangements have

been made with Radiant Pathways Counseling and Wellness. Arrangements may be discussed with your therapy provider.

### ***ADVOCACY LETTERS***

As a general policy, Radiant Pathways Counseling and Wellness only provides advocacy letters that fall within the scope of our practice. This includes letters of excuse for therapy appointments that may be provided to work or school, and letters of support for gender-affirming medical care. In some cases, we may be able to provide letters of recommendation for accommodations, depending on the circumstance, need, and appropriateness to mental health treatment. This may require additional assessment, diagnosis, and treatment before a letter can be provided.

### ***GIFTS AND IMPROPER PAYMENTS***

As a rule, Radiant Pathways Counseling and Wellness employees may not accept gifts, gratuities, or favors in excess of \$10.00 USD in value. It is recommended that no gifts are exchanged during the course of treatment to reduce the risk of your provider losing independent and objective judgment in their work with you, the client. Providers may not accept alternative payments or trades for services rendered. All payments must be made electronically through Simple Practice, or by check mailed directly to Radiant Pathways billing department.

### ***TELEHEALTH CONDUCT***

Radiant Pathways Counseling and Wellness currently operates exclusively via telehealth. During your session, you must be located in a safe and confidential space. You may not be in a moving vehicle, even as a passenger. You must be dressed and located appropriately for a therapy session; for example, you must be fully clothed and should not be lying in bed, excluding medical necessity. Telehealth must be conducted via a combination of audio and visual, your camera should be on at all times. Your location should always be known to your provider. Anytime you are meeting from a new location, be prepared to provide the address to your therapy provider at the beginning of your therapy session. If you are planning to travel out of state, your provider must also be licensed in that state to provide therapy services to you.

### ***TELEPHONE ACCESSIBILITY***

If you need to contact your provider between sessions, you may call anytime. Providers are often not immediately available; however, they will attempt to return your call within 24 hours. Please note that psychotherapy sessions may only be conducted face-to-face. Your provider is not a crisis or intensive care counselor. To that end, your provider may not be available to answer or return a call outside of typical business hours. If a true emergency situation arises, please call emergency services at 911, call or text The Suicide and Crisis Lifeline at 988, or go to any local emergency room.

## ***SOCIAL MEDIA AND TELECOMMUNICATION***

Due to the importance of your confidentiality and the importance of minimizing dual relationships, our providers do not accept friend or contact requests from clients on any social networking site (Facebook, LinkedIn, etc). We 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 you meet with your provider to talk more about it.

## ***RECORDING DURING SESSION***

Recording sessions is strictly prohibited, unless prior authorization is granted, in writing, by Radiant Pathways Counseling and Wellness, the therapy provider, and you, the client. This constitutes a violation of professional boundaries and confidentiality. We prioritize creating a safe and trusting therapeutic space and recording sessions undermines the foundation of that relationship. Legal means will be explored in the event of any breach of this policy to ensure the protection of client and therapist rights.

## ***ELECTRONIC COMMUNICATION***

We 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, we will do so. While we may try to return messages in a timely manner, we 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. Your provider will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

### ***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. Your provider may terminate treatment after appropriate discussion with you and a termination process if we determine that the psychotherapy is not being effectively used or if you are in default on payment. We 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, we 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, we must consider the professional relationship discontinued.

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