

Lively Mental Health

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PRACTICE POLICIES

APPOINTMENTS AND CANCELLATIONS

Please remember to cancel or reschedule 48 hours in advance. You will be responsible for the entire fee if cancellation is less than 48 hours. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you will lose some of that session time.

The standard meeting time for psychotherapy is 50 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 50-minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

A \$10.00 service charge will be charged for any checks returned for any reason for special handling.

If you are going to be late to your appointment, please reach out as soon as possible. If you are more than 20 minutes late to your session and have not made contact with me the session will be considered a "No Show" and you will be charged the full charge of the session. You will not be seen for that day's session. Arrival 25-minutes past the start of the session will result in a forfeiture of the session time and a full-charge of the session.

LATE PICK UP OF MINOR CLIENTS

Children under the age of 13-years-old must be picked up by their parent/guardian at the end of their scheduled session unless other transportation plans have been shared with me in writing. I am not able to leave children under 13-years-old unattended in the waiting room without prior written agreement with the parent/guardian.

For parents who choose to leave the building while their child is in therapy, if you are more than 2-minutes late to pick up your child at the end of session you will be charged \$100 in addition to my prorated individual hourly fee (\$175/50 minutes). It is important that you are timely to pick up your child so that I may prepare for my next client. Routine tardiness to pick up your child may result in termination from services.

APPOINTMENTS AND PHYSICAL HEALTH

Should you find yourself with ONE symptom (i.e. runny nose, cough, etc.) please notify me immediately. With one symptom present, we must both *wear masks* in session. You can provide your own or I will provide one for you. Should you prefer not to wear a mask in session, we can shift our work together to tele-health (video or audio-therapy).

With TWO or more symptoms, the session must be shifted to tele-health or rescheduled.

The 48-hour cancellation policy applies to illness. Please notify me as soon as you (or your child) begin feeling ill.

CONTACT BETWEEN SESSIONS/ACCESSIBILITY

If you need to contact me between sessions please send me an email. I will respond with available session times. I am often not immediately available; however, I will attempt to return your email or phone call within two business days.

Text and phone communications are for scheduling purposes only.

Please note that Face- to-Face sessions are highly preferable to phone sessions.

In the event that you are out of town, sick or need additional support, phone or video sessions are available. **I am not able to provide therapy if you are out of the state.** If a true emergency situation arises, please call 911 or any local emergency room.

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

I 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, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content.

Services by electronic means, including but not limited to telephone communication, video-calls, the Internet, facsimile machines, and e-mail is considered telemedicine. 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.

You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that we cannot solve remotely, I may determine that you or the minor you are responsible for need a higher level of care and Telehealth services are not appropriate.

MINORS

If you are a minor, your parents may be legally entitled to some information about your therapy. I 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. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I 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, I 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 or cancel your appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

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

Signature

Date