

## ONLINE OFFICE POLICIES

Welcome to Sarah Foxfire's practice!

### Confidentiality

The information discussed during your therapy session is confidential. Exceptions to this rule include:

- In consultation, your therapist may discuss your counseling sessions in order to evaluate and improve the quality of counseling. Your full name and any other identifying information will be omitted from these discussions.
- If your therapist learns that a serious threat of harm exists to any person, she is required to divulge this information to the proper authorities.
- If there is evidence or reasonable suspicion of child or elder abuse or neglect, your therapist is required to divulge this information to the proper authorities.
- If there is a court order for your therapist to appear or produce client records, she must comply.

### Mental Health Services

- As a client, you have the right and responsibility to participate in deciding the appropriateness of any particular way of working with your therapist, in order that you may further your own goals of growth and well-being. After the initial assessment during the first few sessions, you and your therapist will discuss and define your therapeutic goals. Your goals will be frequently referenced and re-evaluated throughout the course of counseling.
- Ending the counseling relationship should be discussed beforehand with your therapist. It is strongly recommended to have at least one final session to summarize the work and growth you have experienced through counseling and to discuss your future aspirations.

### Fee & Payment Policy

The fee for service is \$210 per session. Sessions are approximately 50 minutes in length.

Fees will be paid via Venmo (@Sarah-Foxfire) or via [paypal.com](https://www.paypal.com) ([sarahfoxfire@gmail.com](mailto:sarahfoxfire@gmail.com)) and must be received at least 24 hours in

advance of the appointment time to confirm the appointment. If payment is not received by this time, the appointment is effectively cancelled. A text message will be sent in this event to notify client of the cancelled appointment.

In special circumstances, payment may be accepted by check in advance of appointments. There is a \$15 fee for returned checks.

### **Cancellation Policy**

Appointments must be cancelled or rescheduled more than 48 hours before the scheduled session time. If less than 48 hours' notice is given, the full session fee will be due.

If internet service goes down before or during the session, the session will be completed over the phone. If a phone conversation is not possible, the unfinished portion of the session will be rescheduled and the fees paid will apply to the new time. Thus a client will not lose the payment for the session if it needs to be rescheduled due to faulty internet service or when a phone call is not possible.

If your therapist has to cancel due to a last minute emergency, sessions will be rescheduled within the week. If rescheduling is not possible, the full session fee will be refunded to the client.

**Notify your therapist via phone, chat or text (415-350-7033)** if you will be more than 5 minutes late to a session. If you are more than 15 minutes late for a session and have not notified your therapist she will no longer be available for the session and the full fee will be due.

### **Contact Outside of Sessions**

Your therapist is available by phone, email and text outside of sessions on a limited basis. Calls and emails will usually be returned within 24 hours during the work week (M-F, 9-6 pm, PST). Calls and emails received after 6 pm may be returned the following morning. Weekend calls will be returned within 48 hours. In case of an emergency, state the nature of the emergency on your message and call 911 if immediate care is required. Your therapist will respond as soon as possible.

Most contact will be limited to session scheduling and brief check-ins during times of crisis. Calls that last more than 10 minutes will be charged a pro-rated fee based on the session rate. In such cases, the client will be reminded of this before charges are incurred.

Most contact should be directed through texts, phone, or email. Chat will be used mostly for scheduling logistics or last minute changes, for example, saying that you are running late for a session. Cancellations require a text, call or email explaining the reason for the cancellation.

**Insurance**

Health insurance often does not usually provide reimbursement for “distance counseling” via the phone or internet. Please check with your insurance to verify.

Upon request, your therapist can provide you with a monthly invoice, a super bill, which you can then submit to your insurance for reimbursement.

I understand that my therapist will maintain confidential files which include progress notes. By signing this, I am agreeing to all of the above.

**Client’s signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Client’s name (please print)**\_\_\_\_\_

**Home address**\_\_\_\_\_

**Phone:**\_\_\_\_\_

**Email address:**\_\_\_\_\_

**What is the best way to reach you: text, email or call/voicemail?**

\_\_\_\_\_

**Emergency contact person:** \_\_\_\_\_ **Phone**\_\_\_\_\_

**Relationship to you:**\_\_\_\_\_

(This person would only be contacted in a situation in which confidentiality must be broken, for example if you pose a serious threat to yourself or another person. )