Policy and Procedures

The following information is provided to acquaint you with the policies and procedures of *Inner Peace Counselors, PLLC.* If you have any questions about this information, please feel free to discuss them with your counselor.

Lengths of Sessions:

Our services are rendered in a professional manner consistent with ethical standards. We make it a goal to start and end on time. Therapy session times can vary. A standard therapy session is 50 minutes, but sessions can be scheduled for up to 90 minutes based upon client need and preference (such as wanting more time for processing or couples therapy). Intake sessions are scheduled for 90 minutes. Subsequent therapy sessions are scheduled in a mutually agreeable manner between the client and the counselor.

Scheduling Appointments:

If you wish to schedule an appointment, please call your counselor at the number on their business card Monday through Thursday between the hours of 10 a.m. and 6 p.m. Leave a message and your call will be returned within 24 hours.

Cancellation of Appointments:

If you need to cancel or reschedule an appointment, please do so at least 24 hours in advance. Failure to do so will result in your being billed for the session. This notice enables your counselor to give your time to someone on a waiting list or respond to an emergency case. Your consideration of this matter is greatly appreciated. Exceptions will be made in rare unavoidable situations such as illness, accidents, or death in the family.

Late Arrivals:

Each client is seen by appointment. If a client arrives late, the appointment must end as scheduled. This will allow me to see each client when they are scheduled.

Emergencies:

If your life is in immediate jeopardy, call 911 or go to the hospital emergency room for help.

Other Telephone Calls:

If you have a routine question please feel free to call your counselor at the number they provided. Your call will be returned as soon as possible, but remember your counselor may be in session and will have to call you when he/she has a break. If your counselor has not returned your call and you need to leave another number where you can be reached, feel free to call again. If your question requires a lengthy conversation (over 10 minutes) or appears to be of a nature that needs to be handled in a counseling session, we will need to schedule an extra appointment for you. Please do not use phone calls as a substitute for your appointments with your counselor. Such calls are subject to a minimum professional fee of \$25.00 - \$50.00 depending on length. In the event that this happens, you will be informed of the charge at time of the call.

Counselor-Client Relationship:

It is very important that you have a good level of comfort and trust in your relationship with your counselor. Your sense of well-being and your counselor's level of efficacy in treating you depend on this. We recognize in some cases that this may not always happen. Some clients and some counselors just "don't fit". If you should significantly disagree with or feel uncomfortable with your counselor's clinical decisions please let your counselor know and feel free to discontinue your counselor-client relationship. We say this wholeheartedly because it is our hope for clients that they feel assured in their relationship with their counselor, be it with someone at *Inner Peace Counselors*, *PLLC* or somewhere else. In turn, we

will also reserve the ability to end a counselor-client relationship with a client in situation where there has been client non-compliance with treatment or payment of services to the point that it is dangerous or nontherapeutic. In the extremely rare event that this should be the case, your therapist will inform you of this and provide emergency services to you for 30 days, which is a reasonable period of time that it would take for you to arrange for continuing care elsewhere.

Confidentiality:

Confidentiality is important, in general, "*what is said in the room, stays in the room,*" with a few exceptions. If you tell your counselor something that indicates that you or someone else is in danger, your counselor will, because of legal precedent and law, break confidentiality to help ensure safety. In the case of child clients, the counselor may share some general comments about the child's counseling sessions that they think will be helpful for the parent to know, but for therapeutic reasons, the contents of counseling sessions will be kept confidential. Certain legal situations may also force your counselor to breach confidentiality. Finally, your counselor may talk about your care with other health care practitioners who are providing treatment for you, such as your psychiatrist, your primary care physician, or the counselor on call when your counselor is out of town. If at all possible, your counselor will warn you before he/she breaks confidentiality. He/she will strive, within the confines of the law, to maintain confidentiality in your counselor-client relationship. If you would like more information regarding your privacy please read our Notice of Privacy Practices Statement posted on our website: http://www.innerpeacecounselors.com. You may also request a paper copy of this statement.

Couples and Families:

Couples and families seeking marriage counseling and/or family counseling please understand that the record of treatment services provided cannot be released without authorization from all adults present in treatment.

HIPAA:

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and healthcare operations. HIPAA requires that I, as your counselor, provide you with a Notice of Privacy Practices for use and disclosure of your PHI for treatment, payment, and healthcare operations. The Notice of Privacy Practices explains HIPAA and its application to your personal health information in detail; it is important that you read this document carefully and let me know if you have any questions. By signing this disclosure statement, you are also indicating that you understand and agree to how I will use your PHI in terms of your treatment, contact with your health insurance provider, and process of claims for payment.

We maintain documentation on our clients in a secure, electronic format as well as in a paper copy that is kept in a locked file storage.

We look forward to working with you.