



PRACTICE POLICIES

APPOINTMENTS AND CANCELLATIONS

Your appointment represents time reserved for you and your family. As schedules permit, we will work out the most convenient time for you for these appointments. Please remember to cancel or reschedule 24 hours in advance. You will be charged a \$50.00 fee for broken appointments or cancellations made less than 24 hours in advance of your appointment time. We have 24-hour voicemail coverage for your convenience. Simple call 1-844-947-3326 and leave a voice message or email our office (or your individual therapist) at support@thewisefamily.com.

PAYMENT OF FEES

- We do not participate with insurance at this time, therefore, payment is required in full at the time of the session or within 5 days of receiving your session invoice. We accept cash, check, or credit card. Unpaid balances older than 5 days may be subject to a \$25.00 late penalty, and a \$50.00 late penalty per month after 30 days until paid in full.
- Payments are non-refundable. You will be liable for all costs if your account defaults and requires the use of a collection agency. In addition, you will be liable for all other costs incurred in their service including, but not limited to, corporation fees, attorney's fees, and all court related expenses. Services may be interrupted until payment is made.
- Credit Card Information in the Client Portal: If you choose to provide credit card information in your client portal, your payment information will be securely saved and you will be auto charged within 12 hours of your child's visit.
- A \$10.00 service charge will be charged for any checks returned for any reason for special handling.

INSURANCE/THIRD PARTY/MANAGED CARE

We highly recommend that you verify your insurance benefits prior to beginning services. As a courtesy to you, we will provide you with a detailed and coded receipt through the patient portal for all services to be submitted to your insurance company. Your insurance policy is a contract between you and your insurance carrier; we are not the party to contact. It is your responsibility to obtain authorization for the initial visit if you are intending to seek reimbursement from your insurance carrier for services. Our office cannot guarantee coverage of fees.

TELEPHONE ACCESSIBILITY

If you need to contact your therapist between sessions, please leave a message on our practice voicemail at 1-844-947-3326 or send us an email at support@thewisefamily.com. We are often not immediately available; however, someone will attempt to return your call within 24 hours. Other arrangements may be mutually agreed upon with your therapist. Please discuss this with them. In the event that you are out of town, sick or need additional support, phone sessions are available. 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, we do not generally accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). We believe that adding clients as friends or contacts on these sites may 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 with your therapist.

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 may do so. While we 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. 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 the individual in treatment is a minor, his/her parents may be legally entitled to some information about therapy. We will discuss with both patient and parents what information is appropriate for them to receive and which issues are more appropriately kept confidential. All emails regarding client care will be shared with both parents as necessary, and our privacy practices do not extend to the parents of minors.

COURT APPEARANCES

In order to preserve the efficacy and integrity of our therapeutic progress and relationship with you and/or your child(ren) we strongly recommended against our appearance in court. It is our experience that our appearance in court often damages our therapist-client relationship and it is our ethical duty to make every reasonable effort to promote the welfare, autonomy and best interests of our clients. However, if forensic or legal services should be needed, the standard session rate of the clinician will be billed for legal paperwork, research, preparation and calls. If we are subpoenaed to appear, the client is required to pay a retainer fee of \$1,000 prior to any court appearances in order to allow for preparation time, time away from the practice, and travel. This will be applied toward the actual charges, with charges for a 1/2 day court appearance (4 hours) being \$1500.00, and a full day (8 hours) being \$3000.00

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. We 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.



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

Signature: _____ **Date:** _____