

PORTAGE COUNSELING, INC. - KIRSTEN DEVLIN, M.A., LMFT

PRACTICE POLICIES

APPOINTMENTS AND CANCELLATIONS

Cancellations and re-scheduled session will be subject to the ENTIRE full fee if NOT RECEIVED AT LEAST 48 BUSINESS HOURS (2 FULL BUSINESS DAYS) IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. The standard meeting time for psychotherapy is 50 minutes. If you are late for a session, you will lose some of that session time.

FEES

\$175 for initial appointment, \$155 for individual appointments, and \$165 for couples / adjunctive appointments.

If insurance is not available, initial appointment fee will be reduced to the individual or couples fee depending on service provided.

An automatic fee increase of \$5 per session will occur (for individual and couples sessions) every January 1st.

DOCUMENTATION

I am not trained to, nor do I specialize in writing / completing medical documents such as letters, disability paperwork, FMLA forms, etc. As a result, this is a special service I provide ONLY in rare circumstances where I am confident I have the expertise to provide accurate information. It is reserved for special circumstances with clients I have been working with for at least 6 months. I reserve the right to refuse documentation requests if I am not confident I can collect relevant data and make an accurate assessment.

I will need 1 - 2 weeks to consider and consult with colleagues to determine if I am an appropriate person to provide requested documentation, and if agreed another 1 - 2 weeks to create

documentation. I charge \$150 an hour to create documents requested, pro rated to the nearest 15 min.

INSURANCE

It is important to know your mental health benefits as they are different from plan to plan. Speaking directly with your member services insurance representative is the best way to verify this information. This number is generally found on the back of your insurance card. Be sure to confirm with your insurer as to whether I am a provider for your plan. (I am a contracted provider for many, but not all, local insurance companies.)

Co-pays, co-insurance fees, or private pay fees are collected at the time of service. Please come to our first visit knowing your copay or coinsurance amount, and deductible amount if applicable. It is important to learn whether you need a referral or preauthorization in order to be eligible for your mental health benefit, whether you have a separate annual deductible for mental health, and whether your mental health benefit has a maximum yearly number of visits or a maximum yearly dollar amount. I will submit claims to insurance companies that I am contracted with. I will take a copy of your insurance card at our first appointment.

BILLING AND PAYMENTS

Please remember that fee payment is your responsibility. I request that you keep current with your portion (the part insurance does not cover) each session. If you are unable to manage this, please work out a payment arrangement with me in advance. Ultimately, you are responsible for your account and are expected to pay your bill, whether insurance pays for a portion or not. A finance charge of 1% per month may be added to any balance not paid within 60 days after the charge is incurred. If 90 days pass without a payment, accounts may be sent to Evergreen Professional Recoveries collection agency. I have a \$25 returned check fee. Please ask you have any questions about your account.

As per WA state law, fee for Medical Records copy is \$1.17 per page for the first 30 pages and 88 cents per page for each additional page, plus \$26 clerical fee.

TELEPHONE ACCESSIBILITY

If you need to contact me between sessions, please leave a message on my voice mail. I am often not immediately available; however, I will attempt to return your call within 24 hours. Please note that Face-to-face sessions are highly preferable to phone sessions. However, 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, 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 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 to the therapist.

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 an 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.