



Leah McNulty, LCSW

leah@leahmcnulty.com / www.leahmcnulty.com / (832) 963-0541

Please read this document in full prior to signing as we will review it in your initial session.

PRACTICE POLICIES

Introduction

Thank you for making the decision to include me in this journey with you and your family. I am honored to have the opportunity to support you and hear your stories as you take this step toward healing and growth. The information below is very important and it is my highest priority that you understand and feel comfortable with the policies and practices outlined. Please read through all sections thoroughly and feel free to ask any clarifying questions at my direct line, 832-963-0541, or at leah@leahmcnulty.com.

Appointment Days and Hours

In order for therapy to be successful, attendance must be consistent and conducive to life's busy schedule. For this reason, I offer a variety of appointment times and encourage clients to attend sessions weekly or bi-weekly (every other week) if possible.

Tuesday- Appointments offered in the afternoon and evening varying between the hours of 12 PM and 7 PM.

Thursday- Virtual appointments offered in the morning and afternoon varying between the hours of 10AM - 3:00 PM

Saturday - Appointments offered in the morning varying between the hours of 8 AM and 12 PM.

**Additional times may be scheduled by request and under special circumstances.*

Services Offered

Services offered are as follows:

- Initial Intake Session (50 minutes); myself, the client, anyone they choose to bring
- Individual Sessions (50 minutes); myself and the client
- Family Sessions (50 minutes); myself, the client, any family member(s)
- Telehealth Sessions (50 minutes)
- Additional 30 minutes Add-On Session
- Coordination of Care
- Referrals for Continuation of Care

Fees and Payment for Services

Payment by credit card is due at the beginning of your session. Should you wish to go through insurance, I accept Aetna, United Healthcare, BlueCross and BlueShield, Oscar, and Oxford plans. If you are out-of-network, I can provide you with a Superbill (detailed bill of services) that contains all the information an insurance company will require should you wish to attempt to get reimbursement for services. It is the client's responsibility to handle all insurance-related tasks. *Clients are required to place a credit card (not debit card) on file to cover missed appointments.*

Private Pay Fees for Services are as Follows:

- Initial Intake Session: \$150
- Individual Session: \$150
- Family Session: \$150
- 30 Minute Add-On: \$50

Late Arrivals, Cancellations, and No Shows:

If you arrive late to your scheduled session, you will be given the remainder of the session time and will be charged for the appointment in full. A 24-hour advance notice is required for cancellations so as to make time and space available for other clients in need of sessions. *If you cancel less than 24 hours before your session, you will be charged a fee of \$25 to cover the session reservation. If you do not show for a scheduled session or cancel in advance, you will be charged a rate of \$75 for that session.*

Administrative Fees:

Should a client request or require time spent outside of therapy appointments, administrative fees may apply. This includes coordination of care with outside providers such as psychiatrists, teachers, doctors, and other providers, writing letters, and other activities that require a significant amount of time. These fees will be reviewed with each client or family before they are charged if they are applicable.

*Court Appearances:

My focus in providing therapeutic counseling services is on treatment and growth. *It is not my intention to become involved in cases that require evaluation (either written or otherwise), recommendations, or testimony in court.* I highly discourage you from utilizing this therapy to obtain any such services as I do not feel I have experience or knowledge in this area. If you are seeking these services, I am happy to provide you with a list of referrals with experience and qualifications. If subpoenaed, I may obtain my own legal counsel. If I am required to appear in court (in person, via conference, or via telephone), the client or guardian associated with the subpoena/court request will be required to pay the following fees: \$250 per hour, including all travel time and time waiting to testify. I require a minimum of 2 hours (\$500), plus estimated travel time, to be paid at least 48 hours in advance. Because I must cancel all other appointments for these appearances, this payment will not be refunded for any reason. If I am requested or required to clear a full day, I will charge for all the hours requested.

Online Therapy and Phone Sessions

Online therapy and phone sessions may be a better fit for some who are not able to commute to the therapist's office or who are more comfortable receiving services at home. Online/phone therapy is not recommended for everyone's needs. If I determine that you would benefit more from face to face therapy, I will offer you an appointment or provide you with referrals.

Online therapy is not suitable for the following individuals:

- If you are having thoughts of harming yourself (self-harm/suicide) or someone else.
- If you are in an abusive or violent relationship
- If you have attempted suicide in the past 12 months
- If you have a serious substance abuse dependence

Number and Structure of Sessions

The first session may include the following: a collection of history and information, clarification of goals and concerns, and definition of treatment plans to achieve goals. The collection of this information may continue into the second and third sessions in order to ensure appropriate therapeutic goals are defined. No therapist can ethically promise achievement of goals, and the client is encouraged to ask questions about the process frequently during the course of services. Therapeutic goals will be reviewed often and can change or be updated as the client desires. Clients have the right to end therapy at any time for any reason. If requested, you will be provided with a referral list of other qualified therapists.

Termination of Services

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.

In Case of Emergency

Should you find yourself or a loved one in an emergency, please contact 911 immediately and/or go to your nearest Emergency Room. Emergencies can include, but may not be limited to, self-harm/suicidal thoughts, threats, and attempts; physical or psychological concerns of medication; fear of harming self or others; inability to keep yourself or family safe around aggressive or out of control behaviors such as rage. Use of electronic communication is not suitable for emergency situations. After notifying 911 and going to the emergency room, you may update me via phone at 832-963-0541. Each client will be asked to provide a designated emergency contact that I may reach out to in the event of an emergency prior to beginning services.

In the Event of Clinician Death or Incapacitation

Should the Clinician become incapacitated or deceased, you will be contacted by a designated third party and given referrals and the option to request your records.

Minors and Therapy

Minors under the age of 18 must have a parent or guardian consent to therapeutic services. If there is any legal custody document or agreement in place (child support order, divorce decree, etc.), the parent or guardian is responsible for ensuring that all parties required to consent to the minor's treatment are informed and in agreement about therapeutic services. By signing this document and the Consent for Services form provided, the parent or guardian is assuming all legal responsibility for their ability to consent for therapeutic services.

Electronic Correspondence

Emailing and texting are the most used methods of communication today. While they can be very convenient ways to handle administrative issues like scheduling, neither are 100% secure. Some potential risks of utilizing these methods of communication include:

- Misdelivery of email or text message to an incorrectly typed address or number
- Email accounts can be "hacked," giving a 3rd party access to email content and addresses
- Email providers (i.e. Comcast, Yahoo, etc.) and phone providers (i.e. AT&T, Verizon, etc.) keep a copy of each email or text on their servers where it may become accessible to employees, etc.

Email Policy:

If you agree to email as a mode of communication, clients (if over age 18) and/or guardians may email me regarding scheduling and/or to report any important observations of events that have occurred between sessions. I will also email detailed receipts (Superbills) that may include clinical information, if requested by the client. PLEASE NOTE: the only HIPAA-compliant form of email communication I offer at this time is through your Client Portal. Sending your Private Health Information (PHI) through regular email (leah@leahmcnulty.com) is unprotected and may pose a risk to your private communication. *By sending email outside of the HIPAA-protected Client Portal, you are letting me know you choose to accept this risk and consent to my utilizing this method to return correspondence.* Any email response that requires more than 10 minutes may be subject to an administrative fee.

Texting Policy:

Texting is acceptable ONLY to communicate regarding non-clinical issues such as scheduling, rescheduling, notification of running late to appointments, directions, and receipt requests. Texts regarding clinical issues such as an update regarding a family challenge, personal difficulties, etc. are not acceptable. I will not respond to those texts and will delete them immediately. The Client Portal offers a secure texting feature should you decide to use it.

Client Portal:

Each client is provided with access to their personal Client Portal (Simple Practice,) which allows secure client-therapist communication, secure scheduling, prepayment of sessions, and the option to receive questionnaires and administrative forms to complete. Your PHI is protected by HIPAA-compliant secure data services through SSL Certificate and Fingerprint technology. All communication between client and therapist is secured using encrypted protocols. Insurance-using clients are also provided with access to an additional portal, Headway, in order to set up insurance benefits. Headway is used for payment for all insurance-using clients.

Social Media and the Internet:

So much information about a person can be found online today. Therefore, it's important that we understand boundaries with regards to social media and any other information online.

- Client and therapist will not perform online searches on one another for the purpose of gathering *personal* information. This does not pertain to a client researching the professional background of a therapist and other service/practice information.
- Client and therapist will not request or agree to be “friends” on any social media sites. Clients may “like” or “follow” social media pages that are offered by therapist as part of their professional work.
- If a client follows the therapist on a professional social media site, comments should not indicate that there is a client-therapist relationship. Any comments made that potentially disclose such a relationship will be removed immediately.

- Websites and social media sites that I currently use for professional purposes are
 - www.leahmcnulty.com
 - www.therapists.psychologytoday.com

By signing this form, I certify:

- That I have read or had this form read and/or explained to me.
- That I fully understand its contents.
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction

Printed Name of Client

Signature of Client

Date

Printed Name of Parent/Guardian
(if client is a minor)

Signature of Client

Date

Printed Name of Parent/Guardian
(if client is a minor)

Signature of Client

Date

Printed Name of Clinician

Signature of Clinician

Date