

Innergy Counseling, PLLC

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## **PRACTICE POLICIES**

### **APPOINTMENTS AND CANCELLATIONS**

Please remember to cancel or reschedule 24 hours in advance. You will be responsible for the entire fee (\$150- 50 minute ON GOING session & \$175- 60 minute INTAKE session) if the cancellation is less than 24 HOURS or if you no show including arriving 15 minutes past appointment time. This is necessary because a time commitment is made to you and is held exclusively for you. The clinician may use their discretion to reschedule a session and waive the fee. Please review the termination section of the policy for consecutive cancellations and no shows.

The standard meeting time for psychotherapy is 50 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 50-minute session needs to be discussed with the therapist in order for time to be scheduled in advance. If you are late for your appointment, the clinician will not extend your session. If you are more than 15 minutes late, you will be considered a NO SHOW and charged for your visit.

A \$10.00 service charge will be charged for any checks returned for any reason for special handling.

### **FINANCIAL OBLIGATIONS**

Innergy Counseling accepts the following forms of payment via Stripe Payment on Simple Practice:

- HSA, Visa, Visa Debit, MasterCard, American Express, JCB, Discover

As mentioned above, late cancellations, no shows, and late arrivals past 15 minutes will be charged the entire fee (\$150- 50 minute ON GOING session & \$175- 60 minute INTAKE session).

In the event disclosure of your records and/or Innergy Counseling's testimony is requested by you or required by law, regardless of who is responsible for compelling the production or testimony, you may be responsible for and shall pay the costs involved as indicated below. This may include but is not limited to copying/sending records, traveling to and from the testimony location, reviewing records and preparing to testify, waiting at the location, and giving testimony. Such payments are to be made at the time or prior to the time Innergy Counseling provides services to you. Innergy Counseling reserves the right to require a deposit for anticipated court appearances and/or preparation required on your behalf.

## INSURANCE

1. **Insurance Coverage.** Innergy Counseling shall verify mental health insurance coverage for all clients before their initial visit or when there is a change of insurance. This is to determine the conditions of coverage and any copay/deductible for which the client may be responsible. We ask that you please review and understand the following:
  - Any explanation of benefits that Innergy Counseling receives is only a quote of benefits, and actual coverage is determined when the insurance plan receives a claim for processing. **Please note:** It is possible that there may be a difference in the copay or coverage once the claim is processed; you shall be responsible for any difference in this amount.
  - Individual insurance plans will be honored at the agreed-upon fee with your health insurance company. **Please note:** you are responsible for the cost of your therapy services at the billable rate listed below under "Self-Pay Fee Schedule" if you do not have insurance coverage, or coverage is denied.
  - It is your responsibility to notify our office immediately when there is a change in your insurance. Failure to notify the office of a change in insurance, or if your insurance is denied due to policy termination or due to a lack of authorization for services, will result in you being responsible for the outstanding balance as well.
  - Your insurance company will be charged at rates pre-established in an agreement between your insurance company and Innergy Counseling; however, if your insurance company denies your claim or only pays part of the fee for the services we provide, you will be responsible for any outstanding amount.
2. **Forms of insurance.** Innergy Counseling accepts the following forms of insurance:
  - Blue Cross Blue Shield and Optum which often includes United Healthcare, Harvard Pilgrim, and Always Health Partners.

## PRIVATE PAY FEE SCHEDULE

If you do not have insurance, opt out of using insurance, or are out of network, you agree to pay the amount indicated below:

1. **Innergy Counseling's Hourly Rates:**
  - **Intake Evaluation:** (60 minutes) \$175
  - **Therapy:** (50 minutes) \$150, (30 minutes)- \$88
  - **Other Rates:** For sessions over 60 minutes you will be charged using the fee structure above depending on the total time.
2. **Other Hourly Rates (these will be charged depending on the agreement with your insurance company if applicable):**
  - Court Testimony: **\$250** ( 5 hours minimum payable in advance);
  - Consultation: **\$200** per hour (such as IEP meeting, record review/correspondences);
  - Paperwork: **\$25** flat fee;
  - Medical records: **\$30** flat fee.

**If there are pending court cases that will require a court appearance by Innergy Counseling, you are required to submit the court testimony fee in advance for these services 30 days prior to the court date.**

### **CREDIT CARD AUTHORIZATION**

Innergy Counseling requires a method of payment for the portion of services approved by your insurer (if applicable), but for which you are responsible, such as COPAY, COINSURANCE and DEDUCTIBLES. Your financial information is kept confidential and secure. A credit card method of payment is preferable.

1. IF YOU HAVE NOT MET YOUR DEDUCTIBLE, payments to your card are processed on the day of appointment.
2. If you have met your deductible, only your COPAY or COINSURANCE will be processed.
3. If you did not provide us updated insurance information at the time of service AND your visit is rejected by your insurer for that reason, your card will be charged the contracted rate your insurer has agreed upon with Innergy Counseling.
4. If you are paying privately or paying upfront for out of network services your card will be processed day of appointment.

### **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 24-48 business hours. Please note that face-to-face or telehealth 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 you are within the state of Massachusetts. 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. Our practice does have an Instagram where resources and self-help information is provided and you are welcomed to “follow”, but it does not constitute therapy or a dual relationship.

### **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 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, if you no longer meet the level of care, 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.

Unless other arrangements have been made in advance, other legal and ethical reasons I must consider the professional relationship discontinued include the following:

1. Failure to schedule an appointment for three consecutive weeks,
2. Two consecutive sessions cancelled or no showed,
3. Three cancellations or no shows within a 3 month period.

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