

7547 Mentor Ave #300 | Mentor, OH 44060 | P. 440-701-6170 | F.440-527-8043 | hello@insightcounselingoh.com 398 W Bagley Rd #13 | Berea, OH 44017 | P. 440-970-3790 | F.440-527-8043 | hello@insightcounselingoh.com 4565 Dressler Rd NW #112 | Canton, OH 44718 | P. (330)765-5160 | F.440-527-8043 | hello@insightcounselingoh.com

## **PRACTICE POLICIES**

### **APPOINTMENTS AND CANCELLATIONS**

Please remember to cancel or reschedule 24 hours in advance.

You will be responsible for \$80 if cancellation is less than 24 hours or the client does not show at all. This is necessary because a time commitment is made to you and is held exclusively for you. If there have been 3 or more no-shows or late cancellations in a short amount of time, your therapist might suggest pausing therapy or if their schedule allows, offer you the opportunity to be more of a "drop-in" client in which you could contact them at the beginning of each week to determine if the therapist has any availability.

The standard meeting time for psychotherapy is 53 minutes. Requests to change the 53-minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

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

# **TELEPHONE ACCESSIBILITY**

If you need to contact your therapist between sessions, please contact them directly at the phone number they provided you during your first meeting. If unable to do so you may call our office at 440-701-6170. Therapists are often not immediately available; however, they will attempt to return your call within 24 hours. If it's an emergency situation, 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, therapists do not 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 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**

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 will do so. While we may 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.

MINORS If you are a minor, your parents may be legally entitled to some information about your therapy. Your therapist 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. Your therapist may terminate treatment after appropriate discussion with you and a termination process if they determine that the psychotherapy is not being effectively used or if you are in default on payment. They 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, your therapist 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 six consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, we must consider the professional relationship discontinued.

Signature of Client/Guardian	Date
THE TEMO CONTAINED IN THIS DOCUMENT.	
THE ITEMS CONTAINED IN THIS DOCUMENT.	
BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO	