

BETH A. TURNER, LCSW-R

PRACTICE POLICIES

APPOINTMENTS AND CANCELLATIONS Please remember to cancel or reschedule a minimum of 24 hours in advance. You will be responsible for a minimum cancellation fee of \$50 if cancellation is less than 24 hours.

The standard meeting time for psychotherapy is 60 minutes. Extended sessions lasting up to 3 hours are available upon request. It is up to you to determine the optimal length of time of your sessions. Requests to extend the 60-minute session need to be discussed with the therapist in advance so that enough time can be scheduled.

Cancellations and rescheduled sessions will be subject to a minimum \$50 charge and maximum charge equivalent to the full session fee if not received at least 24 hours in advance. This is necessary because a time commitment is made to you and is held exclusively for you.

If you arrive to a session late, you may lose that session time.

A \$35 service charge will be charged for any checks returned for any reason.

SESSION FEES

The standard fee for a 60-minute session is \$100. A sliding scale fee based on annual household income and family size is available. The therapist does not accept insurance.

Extended sessions are charged in 30-minute increments and fees are based on the rate being paid for a standard session. For example, the standard fee for a 90-minute session is \$150 and for 3-hour session is \$300. An individual whose sliding scale fee is \$50 for a standard session would be charged \$75 for a 90-minute session and \$150 for a 3-hour session.

Payment is due prior to the start of each session. The therapist accepts cash, checks, and money orders.

TELEPHONE ACCESSIBILITY

If you need to contact me between sessions, please leave a message on my confidential voicemail. I do not return missed calls when a message has not been left. I am often not immediately available to answer my phone or to listen to voicemails; however, I will attempt to return your call within 1-2 business days. Please note that face-to-face sessions are highly preferable to phone conversations. However, in the event that you are out of town, sick, or need additional support, phone sessions can be made available. Phone sessions lasting longer than 15 minutes will be subject to the same fees as a face-to-face session.

If a true emergency situation arises, please call 911, Wyoming County Crisis Line (585) 283-5200, Allegany County Crisis Hotline (888) 448-3367, Cattaraugus County Crisis Hotline (800) 339-5209, or go to 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 requests or contact requests from current or former clients on any social networking site (e.g., Facebook, LinkedIn, etc.). I believe that adding clients or former 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 the message 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 email is considered telemedicine. Telemedicine is broadly defined as the use of information

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technology to deliver medical services and information from one location to another. If you and your therapist choose 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 therapists gathers within a session or series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnoses, 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 relevant issues such as: your physical condition including deformities, apparent height and weight, body type, appearance relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerisms or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact, sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily appearance. Potential consequences of this include the therapist not being aware of what they would consider important information, which 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 left 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 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. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, for legal and ethical reasons I must consider the professional relationship discontinued, unless other arrangements have been made in advance.