

## Office Policies and Procedures

My responsibility to you is to be transparent and consistent. This document is provided to you to answer any questions you may have regarding office policies and procedures in our work together. Please read it carefully and discuss any questions or concerns with me.

**Services Offered:** I offer individual psychotherapy and counseling services for adults. If clinically necessary, I will make referrals for medication management, primary care, and/or other treatment services.

**Psychotherapy Benefits and Risks:** Therapy often involves establishing healthy means of coping with distressing matters. You may experience uncomfortable feelings like anger, sadness, guilt, frustration, loneliness, and helplessness. Learning how to better manage these experiences in the context of psychotherapy can improve relationships, change behaviors, and reduce distress. There are no guarantees as to how your psychotherapy will progress or its outcomes. It is your responsibility to alert me at any time if you find the process to be unhelpful or unmanageable.

**Payment for Services:** Fees are due at the time of your appointment unless otherwise arranged. I accept checks, cash, and credit cards. I require that a credit card be kept on file for phone sessions and cancellations with less than 24 hours notice. If paying by credit card or check, I will process your payment within 7 days of receipt. If a check is returned, a \$20 bank fee will be charged. Delinquent accounts over 90 days will be sent to collections.

**Fees:** My fee is \$200 per session (50-60 minutes). I have a small number of reduced-fee appointments for clients who otherwise could not afford therapy. There is a waitlist for reduced-fee appointments. In the course of our work together, let me know if you have significant changes in your financial circumstances that impact your ability to pay for therapy. If you are paying a reduced fee, let me know if you become able to increase your fee, thereby allowing someone else to benefit.

**Out-of-Network Health Insurance:** I am not in-network with any health insurance. You are responsible for the upfront cost of treatment at the time of service. If you have insurance with out-of-network coverage, your plan may reimburse you for a portion of the cost of treatment depending on your benefits. In this case, I can either provide the required documentation for you to submit to your insurer for reimbursement, or, if it is preferable to you, I can submit the claim directly to the insurer for your reimbursement. If there is additional action required for reimbursement, you will be responsible for this. Out-of-network benefits vary widely across policies. It is up to you, as the policy holder, to read your policy carefully and be aware of coverage limits.

If you use your health insurance to help pay for psychotherapy, I must provide your insurer with a psychiatric diagnosis and relevant details. I may also need to tell your insurer about the treatment I am recommending, your progress during treatment, and your functioning in various aspects of your life. All of this information becomes part of your insurer's records, and some of it may be included in your permanent medical record.

**Additional Services:** Fees for writing reports, attending nontherapeutic meetings in person or by phone, or providing other nontherapeutic support services on your behalf are usually not reimbursed by insurance. I will generally resist participating in concurrent legal processes, as doing so is likely to undermine the therapeutic relationship. However, if you require that I participate in legal processes, you will be expected to pay for all professional time, including preparation and transportation costs. All anticipated costs will be due as an advance retainer, even if we are called by another party to

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testify. These additional services will be billed at a prorated fee of \$200 per hour.

**Fee Reassessment and Changes:** Once a year on January 1<sup>st</sup>, I reassess my fee schedule. If my fees increase, I will notify you two months in advance.

**Messages:** You may leave messages on my confidential voicemail at any time. I return phone calls within 24 hours during normal workdays (Monday through Friday). I return calls received on Friday evening through Sunday evening on Monday. You may contact me via email concerning logistical questions such as a need to reschedule. I will return your email within 24 hours, Monday through Friday. Do not use email for time-sensitive or confidential material. Text messages may be used for non-urgent scheduling purposes only.

**Email:** I prefer to use email only for scheduling appointments. I recommend that you not email me content related to your therapy sessions, as email is not completely secure or confidential. Be aware that email records are retained in the logs of your and my Internet service providers. While it is unlikely that someone would read these logs, they are available to be read by the system administrator(s) of the Internet service provider.

**Phone Check-ins:** When needed, I offer one phone check-in per week in between appointments. These check-ins are free of charge and last 10 minutes. If it becomes apparent during the call that more time is needed, and my schedule allows us to continue, I will prorate a partial or full phone session. Payment is due at the time of the phone session. If you need multiple check-ins in a week, I will charge for those calls at a prorated fee of \$200 per hour. Alternatively, I may suggest that we schedule a full 50-60 minute in-person session to meet your needs.

**Appointment Scheduling and Cancellations:** I require at least 24 hours notice (not including weekends) for cancellation of appointments. Your appointment time is a specific time that is reserved for you. If you need to cancel or reschedule an appointment, I ask that you give me as much notice as possible via text or voicemail message at 401-248-1482, or via email to hagerty.claire@gmail.com. If you cancel with less than 24 hours notice, **I charge \$50 for the first missed appointment, and \$200 for any thereafter.** I require that a credit card to be kept on file in the event of a cancellation with less than 24 hours notice or no-show.

The only exceptions to this cancellation policy are debilitating illness, illness of dependent child or severe illness of an immediate family member, car accidents, and extreme weather. Understand that everyone has contingencies in their lives—from unexpected business meetings to exams to flight delays—and I cannot absorb the cost of missed clinical time. **Exception is made for severe weather.** There is no late-cancellation fee in the event of unsafe travel conditions due to severe weather. Text or call me 401-248-1482 if you are concerned about travel safety. In the event that Providence institutes a parking ban, I will contact you to reschedule our appointment.

**Emergencies:** If you have a medical emergency, call 911 immediately. If you are experiencing a psychiatric emergency, 1) contact Butler Hospital (401-455-6200) which offers 24/7 specialized emergency psychiatric treatment, or 2) go to your nearest Emergency Room. I may recommend we develop a comprehensive plan to help support crisis situations outside of sessions.

**Confidentiality:** Psychotherapy is provided best in an atmosphere of trust, safety, and confidentiality between client and therapist. However, I am required by law to make exceptions to this confidentiality in certain circumstances.

- If I come to believe that you are threatening serious harm to another person, I am required to try to protect that person. I may have to tell the person and the police, or perhaps try to have you admitted to a hospital.
- If I have reason to believe you pose a credible threat to yourself, it is my responsibility to try to protect you. I may have to seek hospitalization for you, or call on your family members or others who can help protect you. If such a situation does come up, I will fully discuss the situation with you before I proceed, unless there is a very strong reason not to.
- In an emergency in which I believe your life or health to be danger but I cannot get your consent, I may need to communicate with another professional to protect your life. I will do my best to get your permission first, and I will discuss this with you as soon as possible afterwards.
- If I believe or suspect that you are abusing a child, an elderly person, or a disabled person, I must file a report with a state agency. To “abuse” means to neglect, hurt, or sexually molest another person. I do not have the legal power to investigate the situation to find out all the facts. The state agency would investigate. If this might be your situation, we should discuss the legal aspects in detail before you tell me anything about these topics. You may also want to talk to your lawyer.

In any of these situations, I would reveal only the information that is needed to protect you or the other person.

**Limits of the Therapy Relationship:** My duty as therapist is to care for you and my other clients, but *only* in the professional role of therapist. To protect us both, the National Association of Social Workers Code of Ethics outlines rules against relationships outside the therapeutic relationship. I cannot be your supervisor, teacher, or evaluator. I cannot be a therapist to my own relatives, friends (or the relatives of friends), people I know or have known socially, or current/former business contacts. I cannot have any other kind of business relationship with you besides the therapy itself. I cannot give legal, medical, financial, or any other type of professional advice. I cannot have any kind of romantic or sexual relationship with a former or current client, or any other people close to a client.

There are important differences between therapy and friendship. As your therapist, I cannot be your friend. Therapists are required to keep the identity of their clients private. Therefore, I may not acknowledge you if we were to meet in a public place, and I must decline to attend your family’s gatherings if you invite me.

These restrictions are to protect the therapeutic relationship and you.

**Social Networking:** I do not “friend” or “follow” current or former clients on any social networking sites, and I will not respond to any invitations via social networking. This policy is to protect your confidentiality and the boundaries of the therapeutic relationship.

**Terminating Therapy:** It should be our aim to support a positive ending to the therapeutic relationship. You may end psychotherapy or ask for a referral to alternative services at any time. I am ethically bound (NASW Code of Ethics) to terminate services to clients when those services are no longer required or serve the clients’ needs or interests. When necessary, I can terminate services to clients who do not make payments on an overdue balance.

If I anticipate termination or an interruption of services, I will notify clients promptly and assist in referring clients according to their needs and preferences. Whenever possible, it is ideal to discuss together the issues relating to termination.

### **Informed Consent Agreement**

I have read and agree to each of the previous sections of the agreement. I have had an opportunity to discuss any questions or concerns with my therapist. By signing below, I indicate that I understand and agree to the terms of these policies and procedures.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_