

## PRACTICE POLICIES

### **Counseling Style & Approach**

The therapeutic relationship is a shared responsibility and a co-creative process. My role as a psychotherapist is to first help you identify your concerns, clarify your needs and assist you in setting objectives and goals for counseling. I facilitate your process of self-awareness and help you develop inner resources and positive methods/behaviors for dealing with your life issues and challenges. I function as a supportive guide on your journey of self-discovery. Your responsibility is to be present and take responsibility for the therapeutic process by being truthful and actively participating in the counseling process.

### **Scheduling**

Regular appointments are 50 to 90 minutes in length. If I am a provider with your insurance company the first appointment will be 53 minutes, which follows the reimbursement schedule. For clients who are paying out of pocket (fee-for-service/private pay) all sessions are 50 minutes in length. For both private pay clients, and clients with insurance, we will agree upon an ongoing session day and time. I will expect to meet with you at the agreed upon time unless other arrangements are made in advance. Due to scheduling, extended sessions resulting from late arrival of clients cannot be accommodated.

If needed, and is appropriate, additional sessions in a week can be scheduled, e.g. due to a crisis.

For clients who are utilizing their insurance benefits: from time to time, because life happens, I understand that you may not be able to meet for the full 53 minutes. If our session time becomes less than 53 minutes consistently, we will review if the time slot is appropriate for you. If you cannot commit to this amount of time for a session, I am happy to offer referrals to other therapists.

### **Late Arrival to a Session**

With face to face and telehealth appointments (online or via the phone,) I will first wait 3-5 minutes for your arrival. I will then call you during this time period if the session has not begun. Sessions will not take place if ten minutes have passed the session start time. A "no-show" or late cancellation fee will incur, which is \$165. Insurance companies do not reimburse for a missed session. Please see below.

### **Cancellations / "No-Shows"**

As the time scheduled for your appointment is reserved for you, I ask that 48-hours notice be given if it is necessary to cancel or reschedule an appointment. If notice is given in less than 48-hours, there is a charge for the cancelled session (considered a "late cancellation"), which is the full fee-for-service cost of a session (\$165), for any reason. Weekends are included in the 48-hours notice.

Rescheduling of cancelled appointments may be made within the same week of the cancelled session, as my schedule allows. There is not a charge for rescheduled appointments. The normal appointment copay or fee-for-service cost applies.

If there is a scheduled appointment and you do not arrive for the appointment this is considered a "no show." A "no show" charge (\$165) for this will incur, without exception, regardless of reason.

Please note that insurance does not cover missed or late-cancelled appointments.

### **Cancellation Due to an Emergency**

Emergencies are taken on as a case-by-case basis. Emergencies are considered “exceptional,” and include hospitalization, car accident, death in the family, etc. Examples that are not emergencies include: routine/chronic sickness, car problems, unexpected work meeting/commitment, a change in your personal schedule, medical appointments, etc.

### **Grounds for Immediate Cancellation of a Session That is in Progress and/or Future Sessions:**

- In the event that our session is being recorded without my permission.
- If you arrive under the influence of any substance e.g. alcohol and/or drugs.
- If I am being verbally intimidated, abused or threatened.

### **Life Threatening Emergencies**

If you feel that you are in crisis, or in the event of a life-threatening emergency, it is important that you do not leave a voicemail for me, text-message me, or send an e-mail **before** accessing in-person support for yourself. Please call 911, or call your local crisis intervention center (numbers below, 24/7), your personal physician, and/or go to your nearest emergency room. If at all possible, contact a friend or family member who can join you. Once you are in a safe place, contact me to let me know what is happening and how you can be reached.

- City of Alexandria: 703-746-3401
- Arlington County: 703-228-5160
- Fairfax County: 703-573-5679
- District of Columbia: 202-673-9319
- Maryland crisis hotline: 1-800-422-0009

### **Routine Telephone Contact, Email Communication & Social Media**

I request that all calls to me be made to 703.749.4818, my confidential voice messaging system, and not any other number. This messaging system is accessed by me during regular business hours. I do not use cell phone texting as a form of communication. Effort is made to return all calls and emails as soon as possible. Please know that non-urgent voicemail and emails may be returned up to more than 24 hours later. Please consider the limits of confidentiality when using email communication with me. I utilize a HIPAA compliant email platform, in which all emails, sent and received, are encrypted.

Please note, if a telephone conversation extends beyond 10 minutes, you will be billed in 10-minute increments for the duration of the call for up to an hour-long session or for as long as I am able to speak with you at that time.

To maintain the integrity of the therapeutic relationship I choose not to accept “friend” requests from clients on social and networking websites.

### **Payment, Insurance, Receipts & Returned Checks**

Full payment is due at the beginning of each session, by check or cash. Presently, I do not accept credit cards or use cash apps, as they are not HIPAA compliant. In the event that weekly payment presents difficulty for you, please raise this concern so that other arrangements may be considered. I will provide you with a statement of charges, upon request, at the beginning of each month for the prior month’s sessions for your personal records.

#### **Payment, Insurance, Receipts & Returned Checks Continued**

I will send a monthly statement if there is an outstanding balance. Payment of any outstanding client balance is due within two weeks following notification of a balance. Appointments will be put on hold until the outstanding balance is paid in full.

Fees for services may be reimbursable by your health insurance. I encourage you to become familiar with your coverage prior to beginning the therapy process, as well as aware of any changes that your carrier may make to your plan. It is your responsibility to notify me of any changes with your insurance plan, as applicable. If you choose to file with your insurance company I will provide the information you need in order to process your claim, upon request.

If I am a provider with your insurance company, and you chose to utilize your benefits accordingly, you are financially responsible for any services rendered that which are not reimbursed by your insurance company.

Before your first session, it is your responsibility to contact your insurance provider to familiarize yourself with your benefits and/or seek any authorizations required. The following questions can be helpful:

- Do I have mental health insurance benefits as part of my plan coverage?
- What is my deductible and has it been met? Do mental health benefits fall under the deductible?
- How many sessions per year does my health insurance allow, if applicable?
- What is the coverage amount per therapy session? What is my financial responsibility (co-pay/co-insurance)?

It is also important for you to know that if you choose to use your insurance to pay for your sessions, I am required to provide your insurance provider with information relevant to the counseling services I am providing you. I am required to provide a clinical diagnosis, and sometimes I am required to provide additional clinical information, such as treatment plans or summaries, or copies of your entire Clinical record. In such situations, I will make every effort to release the minimum information about you that is necessary to fulfill the request.

Returned checks will incur a \$30 fee.

#### **Disability / FMLA Application, or Request for Other Written Documentation**

If asked to complete a disability / FMLA application, or if you need any other form of documentation, the rate is \$150 for the first hour. If preparation is longer than an hour, the charge is \$45 per 15 minute additonal increment(s). If the time is less than one hour the rate is \$150.

#### **Request for Duplicate Paperwork**

I will provide the necessary paperwork that pertains to our therapeutic relationship, at no charge, e.g. receipts, release forms, treatment plans, etc. Any subsequent requests for paper work that has been previously provided will be charged \$30.

#### **Inclement Weather, Holiday Schedule, & Time Away From The Office**

I will make every effort to notify you if the office is closed due to inclement weather. There is no charge for cancelled session(s) made by me. In addition, my voice messaging center will have updated information regarding the status of the office. Please note, that I do not follow the government shut down schedule for weather and/or holidays.

When I plan to take time off, I will inform you of this in advance, with the exception of a situation that constitutes an emergency.

**Confidentiality & Consultation**

I will not release any information about you or your treatment to anyone without your prior written consent. An exception to this, by law, is the case in which I believe you may be harmful to yourself or others. In addition, if necessary, in the event of legal proceedings, collection agencies or courts.

In order to serve you best, I may desire to consult with colleagues or an expert in a particular area relevant to your therapy. This is done without identifying information so that your privacy is protected. I will respect your right if asked not to receive supervision regarding your case. All licensed mental health clinicians are required to confidentially in this regard.

**Legal Proceedings**

If you enter into treatment with me, you are agreeing not to involve me in legal/court proceedings or to attempt to obtain records of treatment for legal proceedings. This prevents misuse of treatment for legal objectives. My goal is to support you in achieving therapy goals, not to address legal issues. If you ever become involved in a custody or other legal dispute, I do not provide evaluations or expert testimony in court. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have (had) a therapy relationship, and (2) The testimony might affect our therapy relationship, and I must put this relationship first.

If you are involved in, or anticipate being involved in, legal or court proceedings, please notify me as soon as possible. It is important for me to understand how, if at all, your legal involvement might affect our work together. It is important for you to recognize that treatment is not a formal evaluation. If you need a formal psychological evaluation, I will be happy to assist you to find a provider who offers this service.

In the event you do require my testimony or involvement in any aspects of a legal/court proceeding, I will do so only with your written consent. I will be unable to disclose information pertaining to other family members or parties involved in treatment without their written consent to disclose this information.

In situations requiring court involvement, my fee is \$300 per hour for court appearances, preparation for court testimony including, but not limited to, consulting with attorneys, reviewing the file, report/letter writing and time spent traveling to court and waiting to testify. There are additional fees for parking and mileage. Billing for my time takes into consideration many factors, such as potential therapy practice income loss for clients during the time I am in court, travel time to get to court, updates/reports to the court, and courtroom waiting time. I require a minimum of 14 days' notice in order for me to clear my schedule to attend the hearing.

A retainer for court expenses will be due, and payable, a minimum of two full weeks prior to a scheduled court appearance. This retainer will cover the cost of (6) hours of total time initially allotted for my services [(3) hours for court prep and (3) hours court time]. This is a total of \$1,800.00 for the retainer, regardless of how my time is spent on the day of court. There will be no refunds if I am called to court and nothing else is required of me that day. In the event of a settlement, or cancellation, of the trial/hearing with less than 72 hours' notice, a charge will be levied for those hours originally set aside for the trial/hearing. These services are not reimbursable by medical insurance. If I am not paid the retaining fee two full weeks in advance, lack of payment communicates your agreement not to involve me in legal proceedings of any kind.

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**Grievance Procedure**

If at any time you are dissatisfied with your treatment, please discuss your concerns with me directly so we can work together to resolve them. If, after doing so, you would like a referral to a different therapist, I would be happy to assist if you ever have serious concerns that are not resolved successfully with me directly, you may call the Virginia, Maryland or DC Board of Clinical Social Workers.

**Ending Therapy**

Ending relationships can be difficult. Therefore, it is important to have an ending or termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. Either you or I are able to end our therapeutic relationship. For example, I may end treatment after discussion with you if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not end the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. 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. If at any point you decide I am not the best therapist for you, I am happy to help you find another mental health professional.

**Miscellaneous**

So that I may contact you whenever necessary, please notify me of any changes in your name, address, home/cell/work phone numbers.

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

Signature: \_\_\_\_\_