

# Hope and Meaning

## C O U N S E L I N G

### **Administrative Policy**

Our goal is to provide quality individualized psychotherapy in a timely manner. If you reserve time to talk with us, we want to make sure as much of that time as possible is spent on the reason why you want to have a therapy session, not on administrative concerns. For that reason, we have many of our administrative policies listed in this document. Because we can't predict every situation that comes up, there may be times when you have a question that isn't covered in this document. In that event, please send an email and we will respond as soon as we can or bring it up in-session with your therapist.

### **Cancellation of an Appointment**

No-shows and late cancellations interrupt the therapy process by stretching out appointment times and increasing the likelihood that we will forget what we wanted to discuss or we may have to spend extra time catching up and repeating work that we may have already done before. No-shows and late cancellations also prevent other clients in need from being able to schedule appointments during that timeframe. In an effort to respect everyone's therapy process and to be fair to all clients, we have a no-show/late cancellation policy.

A cancellation is considered to be late when the appointment is cancelled with less than a 24 hour advance notice. A no-show is when a person misses an appointment without any advance notice at all. This means that they do not arrive to a scheduled in-person appointment, they are not present online/on video for a scheduled video session, or they do not answer the phone for a scheduled phone session. If a late cancellation or a no-show occurs, a \$45 fee is assessed and no future appointments can be scheduled until this fee is paid. Appointments are in high demand, and your timely cancellation will allow another patient access to psychotherapy.

### **How to Cancel Your Appointment**

If you are unable to be present for an appointment, you can call, email or text. For phone calls and text messages, please use the phone number

provided to you by your therapist. For emails, please email your therapist directly or use [appointments@hmcdoylestown.com](mailto:appointments@hmcdoylestown.com)

## **How Appointments Are Conducted**

For in-person sessions: we have office space available for all clients at 196 W Ashland St, Doylestown PA 18901. Parking is free, wheelchair-accessible ramp into the building.

For phone sessions: We can call or the client can call at the scheduled time. We will often send a text to the client a few minutes before the session is scheduled to begin to ensure that the client is able to talk at the moment we call.

For video sessions: This process is very similar to the phone process. We use a few different platforms for online video therapy, and which platform is used is discussed at the time we schedule the session. At the scheduled time of the session, both of us are expected to be present and available in the platform of our choosing. We ask that all clients consider their comfort level and privacy needs in choosing where they want to be for their session. Many clients will be in their homes; some clients have found private spaces at their jobs as well. We cannot conduct a session with a client who is in a public setting, such as a coffee shop, please remember that as people walk around you, they may overhear your conversation, even if you are using headphones and speaking quietly. We conduct my sessions in an office space where we can ensure that we are alone and that there will be silence and no distractions, but please be aware that when you move into a public setting, you lose the ability to control the outside sounds and distractions you pick up during your session. We can be liable and responsible for ensuring privacy and as few distractions as possible on my end, but we cannot be liable or responsible for privacy and controlling distractions on your end.

## **Writing, Reports, Phone Calls, etc.**

We cannot bill an insurance company for writing letters and reports. If we are not directly working with you at the time of service, then we can't tell an insurance company that we worked with you and they will not recognize that there is anything for them to pay for. This is why we have a separate fee for writing and completing reports as well as phone calls for outside parties. This includes but is not limited to: completing FMLA, disability compensation documents, preparing reports for legal purposes, phone calls to outside parties other than your insurance company. We never charge a fee for a

phone call to an insurance company because communicating with payers is considered part of the routine work of therapy. However, phone calls to companies that approve or deny FMLA and disability can be lengthy, and so can the time it takes to write a letter in support of an emotional support animal or a report for a school.

Prior to sending a letter or making a phone call, we will always get your permission in writing. We can write a letter or report privately and give it to you to do as you wish, or we can send it ourselves with your written permission. If we send it ourselves, we will bill you for the shipping/postage if we use Fedex, UPS or USPS. If we fax it or email it, there is no fee.

Sometimes we have received unsolicited phone calls about clients from people that clients haven't given us permission to talk to. If this happens, we are allowed to receive the information they provide, but we cannot legally tell the caller that we even know your name, let alone that you are a client. In the event that we receive a phone call or email about you, we will not respond without your written permission, and we will notify you immediately that we received the communication, the contents of the communication, and who it was that contacted us. Our clients' privacy is extremely important to us, and we want to protect it as much as we are allowed.

## **Duty To Warn**

As much as we want to protect privacy, there are times when we have to disclose information, even without your consent. If you are hurting yourself or someone else or if someone is hurting you, we may have to report it to local or state authorities. We do not report suicidal ideation or self-harm if that happens to be the reason you are seeing us anyway, but if the ideation or the self-harm crosses into having a plan to hurt yourself and possibly die as a result, we are legally bound to notify the police/EMS closest to where you are. If we have reason to suspect child abuse in any case - your own child, or if you are under age 18 and we suspect you are being abused, we are also legally bound to report that to your local children and youth services (CYS). If we ever have to call police, EMS or CYS, we try to make sure that we discuss this with clients first and if possible, make a report with them. We don't want anyone to ever feel surprised or betrayed by these reports, but we also need clients to know that this is a legal requirement in all states that we must abide by. Because this is a legal mandate, we never charge a fee for Duty to Warn phone calls.

## **Payments**

If your insurance company is responsible to pay for your session, we communicate directly with them and you don't have to do anything. Sometimes clients have insurance copays, and this is discussed prior to

beginning sessions. We also work with private pay clients who pay us directly with no insurance company involvement. Lastly, some of our private pay clients have insurance companies that we are not contracted with, and they need to communicate with their own insurance company themselves in order to get out-of-network (OON) reimbursement.

We accept cash, checks and electronic payment services for those who want to use credit and debit cards. For checks, we accept mail payments sent to:

Hope & Meaning Counseling  
ATTN: Bonnie Healey LCSW  
196 W Ashland St Ste 112  
Doylestown, PA 18901

When we receive a payment, we can send a receipt. There is no charge for receipts to be either emailed or mailed. Our receipts will have all our license and tax ID numbers, which your insurance company will require for OON reimbursement.

**\*\*All services not covered by insurance are the responsibility of the client for payment\*\***

## **Fees**

We try to keep fees very simple: it is \$1.00 per minute. For example, if we spend 20 minutes writing a report for Social Security, it is a \$20.00 fee. We have participated by phone for IEP sessions for children; from the time we call in or am called to the time we hang up the phone, it is \$1.00 per minute. There can definitely be other times when a fee is charged for writing, reports and phone calls, but it is limited to \$1.00 per minute and always discussed in advance. And just to reiterate, there is never a fee for a phone call to an insurance company or a legally-required phone call for Duty to Warn purposes.

## **Philosophy**

Therapy should be a conversation that changes you, or your day, or your outlook or your life. Therapy should be exactly what you need it to be, whether it is someone to tell your secrets to, someone to hold you accountable, or someone to remind you of the things you already know. We got into this line of work because we want to be a part of these conversations in life - we love seeing how sometimes the simplest conversations in therapy can turn everything around for someone. Sharing in the conversation is one of the greatest gifts and also one of the greatest responsibilities we can have as both a therapist and as a fellow human being.

The administrative process isn't part of the conversation, so it isn't our favorite part of therapy, but we have to admit therapy can't happen without the administrative process in place, especially when we are working with insurance companies that we are also responsible to. Thank you so much for your patience and understanding with the administrative policy in place, and please let us know immediately if you ever have any questions or comments.

I have read and understood the rights and responsibilities in the administrative policy and I agree to abide by the administrative policy.

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Client - Print Name

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Client - Signature

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Date

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Parent if under age 18 - Signature

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Date