

HIGHWIRE THERAPY, LLC

ALLISON STAIGER, LCSW, TIYT

PRACTICE POLICIES

Therapy is an investment of both time and resources and is highly individualized. While I may provide a general estimate of the course of treatment, please understand that it is highly dependent upon client motivation and participation.

Within the first several sessions, we will work together to identify stated goals and a general treatment plan, based on client priorities and clinician feedback. Goals will be assessed and re-evaluated periodically throughout treatment.

Weekly appointments are strongly encouraged at the beginning of treatment, in order to maintain momentum. With progress, sessions may naturally decrease in frequency, depending on client need. If there are barriers to weekly sessions, please discuss them with me, to determine an alternate plan.

Resistance to attending sessions is a natural part of treatment at some point. I will work hard to create an environment of trust, safety, and positive regard, which will hopefully be conducive to discussing any resistance or barriers. If you are feeling any resistance or hesitation to engage in therapy, it is strongly encouraged that you bring it up in session.

In order to be respectful of both of our time, please arrive promptly or a few minutes early to sessions. I am unable to extend sessions due to lateness, and you will be charged the full fee for the session even if you arrive late. Chronic tardiness can often indicate ambivalence to therapy, or external barriers, and it will be necessary to address this issue in session.

24 hours notice is required for cancelling or rescheduling, or you will be charged a fee of \$80. If I need to cancel or reschedule due to illness, weather, or a personal emergency, you will not be charged, and I will do my best to see you in the same week, accommodating your schedule. In the event of a client illness or emergency that arises less than 24 hours before the session time, I may waive the cancellation fee, but am not required to do so. Consistent rescheduling or cancelling, even with notice, will be addressed in session, and may require a referral to another provider.

Fees for treatment are outlined in the Financial Agreement Form. This form is provided with the rest of the intake paperwork, and you will indicate whether or not you will be using insurance or paying out-of-pocket.

If you choose to use your insurance, please note that your diagnosis must meet the criteria for a DSM-5 disorder. Additionally, as outlined in the HIPPA

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form, your insurance carrier is entitled to information about your diagnosis, treatment plan, dates of service, type of session, and interventions used in treatment.

Your therapist will work to verify your insurance benefits prior to your first session, and inform you of any applicable deductibles or cop-pays. Please note that the information received from insurance companies is not always accurate and copay/deductible amounts may change once claims are submitted and processed. If a claim is denied, you are responsible for payment.

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

When there is an official and agreed-upon termination, it will be documented in the chart, and the file will be considered "closed." Terminated clients are always welcome to resume treatment in the future, if appropriate. Files with no official termination and no activity for three months will be sent a letter of termination.

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 it seems that an additional or different provider would be recommended or necessary, I will discuss this with you and make an appropriate referral. Referrals are based on client needs and clinical judgment and may indicate a level of care beyond what I am capable of providing. Occasionally, a referral will mean termination of services with Allison Staiger, LCSW.

At the age of 18, clients are allowed to sign their own consent forms, and their past and future PHI is unable to be accessed by their parent or guardian. Before the age of 18, parents and guardians do have a right to their child's PHI, but this right should be used with discretion. Adolescent clients in particular may be very hesitant to commit to or feel safe disclosing in therapy if they fear that their parent may intrude. I provide feedback to parents and guardians of minor clients as needed (and with minor client permission when possible), but please be aware that therapy should not be seen as a way to learn sensitive information about your child.

All information provided by or obtained about a client is considered confidential and shall be protected. Client information includes the therapist's personal knowledge of the client and client records (written,

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electronic, or verbal). Please note that insurance companies require submission of a diagnosis and ongoing progress reports in order to provide reimbursement. This becomes a part of a client's permanent medical record and may be accessed by others. By initialing, you agree that if you request a superbill for reimbursement, that the therapist may release this information. Choosing the option to private pay ensures greater confidentiality. Except as provided herein, client information may be disclosed or released only with the client's written informed consent. A social worker may release client records without the client's written consent under the following circumstances:

- Where a client's authorized representative consents in writing to the release
- Where communications to the social worker reveal suspected abuse or neglect of children, elders, or dependent adults which impose an obligation on the social worker as mandatory reporters
- Where the social worker has a duty to warn in relation to communications of threats of physical violence to others or to self, including suicide threats
- Where the social worker has been appointed to conduct an evaluation for child custody or visitation by the court
- Where circumstances giving rise to the list of exceptions to the healthcare provider-patient privilege
- Where mandated by the federal or state law requiring release of records or where the social worker is served with a subpoena or court order

Minor clients must be informed, at the beginning of a professional relationship, of any laws which impose a limit on the right to privacy of a minor. The therapist shall obtain the client/parent/guardian's written informed consent before the taping or recording of a session or a meeting with the client, or before a third-party is allowed to observe the session or meeting. Confidentiality of client information will continue to be maintained upon termination of the professional relationship, including upon the death of a client, except as provided under applicable law.

There will be no discrimination on the basis of age, gender, sexual orientation, race, color, national origin, religion, disability, political affiliation or socio-economic status.

As allowed by law, a client has access to their own records, or to the records of their minor child(ren). A reasonable fee will be charged for providing copies of the chart. Reasonable measures will be taken to restrict access by

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others to confidential client information, which includes password protected access for electronic records and locked file cabinets for paper records.

Expert witness or testimonial services will NOT be provided. Should the therapist be subpoenaed by you, your attorney, or your spouse/ex-spouse's attorney, a retainer fee will be required upfront. Additionally, you will be billed at a set fee schedule, including, but not limited to, court time, travel time, review of materials, and report preparation. The parent initiating the action will be responsible for payment. By initialing, you agree to this payment.

You may reach me on my business cell phone at 504.450.6723, however, please be aware that I do not provide 24-hour crisis services and may not be available outside of normal business hours. If you or your child needs immediate assistance, please call 911 or go to the nearest emergency room. You may also call the COPE line at 211, 800.749.2673, or 504.269.2673 for 24-hour assistance.

Please note that cell phone calls, texts, and emails can be intercepted by other parties. If you contact the therapist via cellphone, text, or email, she will assume that this is an acceptable way to communicate with you. Please alert the therapist if you have limitations or preferences regarding communication methods, and/or you prefer she uses a landline.

By signing, I am stating that I have been provided a copy of Highwire Therapy, LLC Practice Policies, and have been given the opportunity to ask questions and clarify any items.

Client Name

Date

Signature of Client, Legal Guardian, or Personal Representative

Date