

# Atlas Mental Health

## PRACTICE POLICIES

### APPOINTMENTS AND CANCELLATIONS

Please remember to cancel or reschedule 24 hours in advance. Unless the cancellation is for an emergency or medical reason, you will be charged 50% of your usual session fee for a late cancellation (less than 24 hours notice). If you do not show up to your appointment at all without communicating ahead of time for a non-emergent reason, you will be liable for the entire session fee.

*For clients with Medicaid: you will not be charged any fees for any late cancel or missed sessions due to the terms of Medicaid's contract. However, the practice reserves the right to end services for more than one no-shows or more than three late cancellations within a six month period.*

If you are late for a session, you may lose some of that session time. If you are more than 7 minutes late for a session without communicating in advance, your therapist may choose to count your session as a no-show and use the policies outlined above. Even if you arrive more than 7 minutes late for your session, you may still be held liable for any fees.

The standard meeting time for psychotherapy is 55 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 55-minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

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

### AFTER HOURS ACCESS

If you need to contact your therapist between sessions, please use the messaging portal. We are often not immediately available; however, we will attempt to return your message within one business day. (Please note: most of our clinicians do not work M-F, and their schedule may change without notice).

As a general rule, we do not offer after-hours or crisis services due to the limitations of our practice resources. If you feel you are having a mental health emergency, please dial 988 or 911. Our website, [atlasmentalhealth.com](http://atlasmentalhealth.com), also has a list of crisis resources specific to your local county.

### TRAVEL AND PUBLIC THERPY

Interstate licensing laws generally mean that if you are not in Oregon at the time of your session, we cannot meet with you.

We also cannot meet with clients when they are driving or in a public space, as this impairs driving ability and compromises privacy, respectively. If your therapist believes you are driving or in a public space at the start of your session, the therapist may choose to end the session for your safety. In that instance, you may be charged a late cancel fee, as outlined above.

### SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and the importance of minimizing dual relationships, we do not accept friend or contact requests from current or former clients on any social networking site

(Facebook, LinkedIn, etc). We believe that adding 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 you meet with your therapist and you can talk more about it.

## **ELECTRONIC COMMUNICATION**

Although our practice follows all HIPAA requirements, we ultimately 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, your therapist may agree to this. While we try to return messages in a timely manner, we 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 e-mail is considered telemedicine. Telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist chose 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 therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, 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 potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist.

## MINORS

If you are under 18, your parents may be legally entitled to some information about your therapy. We will do our best to discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential. If you are over 14 years old but under 18, you have the right to consent to treatment on your own and do not need parental consent, but any parents or legal guardians are still entitled to information about your care.

## 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 the 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 to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, we must consider the professional relationship discontinued. You may receive a digital or physical letter informing you of the closure of services. This letter will also contain instructions for returning to care with our organization, if applicable and eligible.

*I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.*

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Signature

Date