

# Psychotherapy Services and Practice Policies

MOXIE LICENSED CLINICAL SOCIAL WORKER CORP.

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## PSYCHOTHERAPY SERVICES AND PRACTICE POLICIES

This document contains important information about my professional services and business policies. Please read it carefully and ask me any questions that arise. When you sign the separate "Psychotherapy Client Agreement Form" referencing this document, it represents an agreement between us.

### Psychotherapy Services

Psychotherapy varies depending on the particular problems you present with as a client, and the orientation and approach of the therapist. It is important that you select a therapist that is a good fit for you. Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will consist of, including a working diagnosis and a general treatment plan. We will work together to establish specific, individualized treatment goals. We will continue to discuss your goals throughout our work together in order to assess and/or modify the focus of therapy according to your treatment needs. The results of therapy cannot be guaranteed, however. You may end therapy at any time. However, a final session is strongly recommended for closure of our work together.

### Meetings, Cancellations and Tardiness

Sessions are usually scheduled once a week for 50 minutes, although on occasion some sessions may be more or less frequent. At the time of scheduling, you will be expected to pay the full fee unless you provide at least 72 hours advance notice of cancellation. If it becomes necessary for me to cancel an appointment with you, you will not be charged for the session. If you are running late for your appointment, please call or text me as soon as you can at (707)690-0745 to let me know you will be late. If you are late for your session, we will still end at our regular time so that I have time to prepare for my next appointments and can be on time for them. Should I begin a session late, I will make up the missed time in some mutually agreeable fashion (e.g., by extending the session, if convenient for you).

### Professional Fees

My standard fee for a 50-minute session of individual therapy is \$180 unless otherwise agreed upon before starting of therapy. Fees for longer or shorter sessions will be prorated based on these amounts.

There will be no charge for brief telephone calls, less than 10 minutes. However, you will be charged the typical session fee (prorated according to length) for calls longer than 10 minutes, as well as telephone consultations, report writing, or other services you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for the professional time I spend preparing records or treatment summaries at the same "hourly" rate as a psychotherapy session. You will also be expected to pay for my time spent testifying, including appropriate travel time, even if I am called to testify by another party.

### Billing & Payments

While financially committed to the session at the time of scheduling (unless cancelled prior to the 48-hour limit), you will not be expected to pay for each session until the time of the session or upon electronic receipt of your bill through the client portal. I accept credit cards payments through the portal as well as cash or check at time of session. If you are not able to pay by these means, please notify me so we can determine an alternative form of payment. Payment schedules for other professional services will be agreed to when they are requested. There is a \$25 fee for returned checks. A \$25 late fee will be added for any charges past due by 30 days, and additional charges will accrue monthly for any unpaid balances. If your account has not been paid for more than 60 days, I may use legal means to secure payment, and will attempt to notify you prior to doing so. This course of action will involve either hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount of payment due.

**\*Note:** Jennifer Hampton, LCSW is also an independent contractor (not an employee) with California Relationship Centers, LLC and its subsidiaries: North Berkeley Couples Therapy Center & East Bay Intimacy & Sex Therapy Center & Napa Valley Couples Therapy Center. If you are being seen by referral from California Relationship Centers, LLC, the fee is due at the beginning of each session in the form of credit or debit card, cash or check. If you choose to pay with a check, please make it out to California Relationship Centers, LLC. If you pay with a credit card, the statement will reflect a charge from: California Relationship Centers, LLC. We reserve the right to increase the fees from time to time, and I will provide a minimum of one month's notice of any changes in my fees.

### Insurance Reimbursement

I am not affiliated with any health insurance networks. Certain health insurance policies will provide some coverage for "out of network" mental health treatment. However, you are responsible for full payment of my fees at the time of service. If needed, I will provide you with information your insurance company may require when submitting a claim for reimbursement. It will be your responsibility to complete insurance forms and obtain reimbursement. If you would like your

insurance company to cover a portion of the cost of your out-of-network mental health treatment, you are advised to contact your insurance company as soon as possible, ideally prior to receiving services.

### Contacting Me

The best way to contact me is via my practice cell phone that has confidential voicemail, (707)690-0745. Although I am often not immediately available by telephone, I check my voicemail regularly. I will make every effort to return your call on the same day or by the next business day. You may send me a text message but please only to either schedule or modify an appointment. An alternate way to reach me is via email at [moxienapa@gmail.com](mailto:moxienapa@gmail.com). Like text messages, please only send emails for appointment scheduling and not to discuss any urgent or confidential matters (see "Social Media Policy" below for more information). If you are unable to reach me and feel that you cannot wait for me to return your call, please contact your psychiatrist, your primary care provider, 911, or go to the nearest emergency room. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

### Request for Records

As I am sure you are aware, I am required to keep records of the professional services I provide in the context of therapy and the therapeutic relationship. Because these records contain information that can be misunderstood by someone who is not a mental health professional, it is my general policy that clients may not review them; however, I will provide at your request a treatment summary, unless I believe that to do so would be emotionally damaging. In this case, I will be happy to send the summary to another mental health professional that is working with you. You should be aware that this transaction will be treated in the same manner as any other professional/clinical service and you will be billed accordingly. All photocopies made will incur a charge of \$0.25 per page.

### Minors

If you are under 18 years of age, please be aware that your parents or guardians may have the legal right to examine your treatment records. It is important to consider that the value of therapy may be reduced if you, the client, do not feel entirely comfortable disclosing personal information in the context of therapy. Therefore, it is critical that all parties involved—you, your parent(s), and your psychotherapist—come to a shared agreement about what information discussed in therapy will and will not be disclosed to your parent(s)/guardian(s) before therapy begins. My standard policy is to ask parents/guardians to forgo access to your records and instead agree to receive general information and updates on our work together on a regular basis or as needed. It goes without saying that the standard limits of confidentiality apply (see below for more detailed information). For example, if there is any evidence or concern that you are a danger to yourself or others, I will have to notify your parent(s) and other entities if necessary to ensure your or others' safety. Under such circumstances, I would do my best to discuss the situation with you before contacting your parents and to address any major concerns or objections on your part. That said, above all my priority and legal duty is to ensure your safety.

### Social Media Policy

I do not accept friend or contact requests from current or former clients on any social networking sites (e.g., Facebook, LinkedIn, etc.). I 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. Please do not use messaging on social networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion. Please do not use wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me in this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

If you need to contact me between sessions, the best way to do so is by phone call or text message. Direct email at [moxienapa@gmail.com](mailto:moxienapa@gmail.com) is second best for quick, administrative matters such as changing appointment times. As noted above, I prefer using texting and email to modify appointments. Content related to your therapy sessions provided by text or by email is not completely secure or confidential. If you choose to communicate with me by email, please be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails I receive from you and any responses I send to you become a part of your legal record. Please note that as new technology develops and the Internet changes, I may need to update the above policies. If so, I will notify you in writing of any policy changes and make sure you have a copy of the updated policy.

### Confidentiality

Your discussions with a licensed clinical social worker are considered confidential, which means the law protects these discussions and I will put in place every appropriate safeguard necessary to ensure that our discussions are kept confidential. I may not disclose confidential information about you without your formal consent. However, there are certain situations in which I am required by law to break confidentiality. These particular situations include instances where personal safety is at risk (for you or others):

- 1) If I learn that you are in danger of harming yourself, or another person;
- 2) If you are so gravely disabled that you cannot provide basic care for yourself;
- 3) If I learn of or suspect abuse or neglect of a child (under age 18), older adult (age 65+), or dependent adult (age 18+); or
- 4) If I am court-ordered to release information as part of a legal proceeding, or as otherwise required by law.

In addition, I may occasionally find it helpful to consult other professionals about a case in an effort to ensure I am providing the best quality care possible. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I feel that it is important for our work together to do so.

## No Secrets Policy for Couples and Families

When a couple or family enters into counseling, it is considered to be one unit. This means that my allegiance is to the couple or family "unit," and not to the individuals. I find this is particularly important in creating a space where everyone can feel safe. Therefore, I adhere to a strict "No Secrets" policy. This means that I will not hold secrets for individuals. This policy is intended to allow me to continue to treat the couple or family by preventing, to the extent possible, a conflict of interest to arise where an individual's interests may not be consistent with the interests of the unit being treated.

On occasion during the counseling process, individuals of the unit may be seen for an individual counseling session. In this case, the individual session is still considered as part of the couple's or family's counseling relationship. Information disclosed during individual sessions may be relevant or even essential to the proper treatment of the couple or family. If an individual chooses to share such information with me, I will offer the individual every opportunity to disclose the relevant information and will provide guidance in this process. If the individual refuses to disclose this information within the couple's or family's session, I may determine that it is necessary to discontinue the counseling relationship. If there is information that an individual desires to address within a context of individual confidentiality, I will be happy to provide

referrals to therapists who can provide concurrent individual therapy. This policy is intended to maintain the integrity of the couples/family counseling relationship.

If you have any questions or concerns about any of the information in this form, it is important that we discuss them at our next meeting or as soon as possible.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.