



SCHAEFER PSYCHOLOGICAL SERVICES

Policies and Procedures

It is important that licensed mental health professionals provide you, the client, with certain basic information. This Policy and Procedure section describes important aspects and policies of my practice. Please read it carefully and discuss any questions you have before signing below. This is not a contract and does obligate you to receive any services.

Potential risks of telehealth

When using technology for communication of any kind, there is a risk that it may be forwarded, intercepted, circulated, stored, or even changed and the security of the devices used may be compromised. Although SPS uses secure and HIPAA-compliant services for sessions, billing, paperwork, and records, it is not possible to completely secure all information. With telehealth, it is important to be aware that family, friends, co-workers, employers, and hackers may have access to any technology or devices.

You are responsible securing the level of privacy you desire during sessions and maintaining security of your devices. You may, at your discretion, engage in therapy services in a public setting and/or within proximity of others, but in doing the confidentiality of what you or I say cannot be guaranteed. You may also provide me with a code word to say in case a session is interrupted to stop our discussion.

Limits of telehealth care

Telehealth has benefits and limitations as compared to in-person services. By signing this document, you agree that you understand that teletherapy:

- May have disruptions in service and variable quality of technology
- Is **not** appropriate in some cases, including but not limited to: if you are experiencing acute psychosis, are intoxicated, or regularly experience active suicidal/homicidal thoughts. If in-person care is most appropriate for you, your clinician will provide up to three references and discuss a transition plan. Active suicidal or homicidal thoughts include an imminent, specific plan to harm yourself or others. The presence of these thoughts requires a higher level of care than telehealth can provide.

To address any in-session emergencies, please provide your phone number, address, and the name and phone number of an emergency contact (sent via another form). As noted on the Informed Consent, in





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the case of a life-threatening emergency, your clinician may contact this person and/or emergency services.

Fees

The per-session cost will be discussed with your provider before the start of services and/or at the first session and is included on the Good Faith Estimate form. Fees are billed the day that services are delivered or scheduled to be delivered.

No-show and late cancellation policy

Cancellations within 24 hours of the session time are considered late cancellations. 50% of the full session fee will be charged for all late cancellations and no-show appointments. If you do not arrive virtually to the session within 20 minutes of the start time, the session will be considered a no-show and you will be charged. This includes unexpected device or computer events, such as computer updates and low batteries. You are responsible for making sure devices are charged and session-ready. If technological difficulties are prohibiting a session from being completed, the session can be finished via phone call.

Although you will be charged for a missed or late-cancelled appointment, you will also be offered a minimum of two alternative appointment times similar to your scheduled time (e.g., afternoons) occurring within the next 5 business days. These appointments are billed at 50% of the regular session fee, and are offered to allow for the various scheduling conflicts and emergencies that can arise.

If the clinician is responsible for a reschedule or late cancellation, no fee will be charged, and every attempt will be made to provide alternative session times within the week.

Please initial to indicate that you have read and understand the no-show policy.

Verification of identity

For all **new** clients, verification of identity may be required by matching you with any picture ID. This process protects you from another person posing as you and is important should you choose to bill insurance for sessions.





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Therapy duration and frequency

Sessions are generally about 55 minutes long, unless otherwise requested or discussed. Another duration can be requested at prorated per-session cost; however, note that this might compromise insurance reimbursement. The frequency of sessions is at your discretion.

Intake sessions

The first session with a new client is generally called an Intake, and will involve a few minutes to verify identity, and review policies and procedures first. Typically, the clinician will ask questions about the client's concerns, goals, and background, and can discuss treatment options and directions. The fit of the client to both the clinician's expertise and to telehealth in general will also be assessed at this time.

Confidentiality and Privacy Practices

Records and your Protected Health Information (PHI) is kept for a minimum of six years for adults or seven years after the age of majority for minors. Your PHI and all interactions that occur in therapy are strictly confidential. Other than the following exceptions your clinician is the only person viewing your information; clinicians may not even confirm or deny that you are seen for therapy.

As required by law, confidentiality must be broken in the case of child or vulnerable adult abuse, subpoena or other legal obligation; or if you make an imminent, credible threat to harm someone else. Should your clinician's records be audited (e.g., by a licensing board as part of a disciplinary proceeding) and disclosure required, you will be notified.

In the case of a medical or other life-threatening emergency or if you disclose an imminent intent to harm yourself, your clinician may verify that your emergency contact person is able and willing to go to your location, and if your clinician deems necessary, call 911 and/or transport you to a hospital. While these situations are rare, in telehealth it is important to have a clear emergency plan in place.

There are cases where your clinician may consult with outside clinicians. In these cases, no personal information is disclosed and details are sufficiently obscured or omitted to not be identifiable, and no clearly. In these cases, the other clinicians are also legally bound to keep information confidential. You may also sign a release of information for your clinician to be able to contact another professional relevant to your mental health (physician, school personnel, etc.).





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On-Site protections

Sessions are held in a personal office in a private setting. Any physical information with your personal information is kept in a locked cabinet behind a locked door, and all electronic documents are stored on encrypted, password-protected devices.

Online protections and services used

HIPAA-compliant services used include: doxy.me (sessions and sending documents), square (billing), and pandadoc (forms requiring signatures). Should you send documents or information via other channels (e.g., email), you do so with the recognition that you may not be using a HIPAA-compliant, encrypted channel.

Email

Although password-protected, email is not always secure. However, it is convenient for scheduling and communication between clients and clinicians. The client agrees not to use email for discussing clinical concerns, or for exchanging confidential information, except at their own risk. Should the client include sensitive information in an email (e.g., noting a reason for requesting a session), the clinician will not engage in an in-depth conversation about the concern in the response.

Insurance and superbills

You can request a superbill at any time for submission to insurance. This will document the date and cost of services within whatever window you elect, for you to submit for insurance reimbursement. Clinicians cannot submit this on behalf of clients, but I am happy to review details of your insurance coverage with you, to the best of my ability. Superbills do not detail the content of sessions or types of interventions used (what we talk about), but must indicate a diagnostic code. Superbills also cannot include no-show fees; if you miss an appointment and make a rescheduled, grace appointment this session will be included in the superbill, but the fee for an entirely no-show appointment is your responsibility.

Client agreement

As a teletherapy client, you agree to:

- Notify your clinician of any permanent changes of address and/or residence
- If requesting a sliding scale fee, you agree to submit a tax return if requested and notify the provider of significant changes (scale





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ranges are in multiples of the Federal Poverty Line or about \$14,000 for a single adult).

- Respond to invoices or payment requests in a timely manner. Additional therapy sessions will not be scheduled if the client has more than **two** unpaid session invoices. If therapy cost is becoming an excessive stress, please bring this up with your clinician to discuss frequency of sessions, readjustment of session fees, or referral to a provider with a lower cost.

Consent to teletherapy treatment

I have read these Policies and Procedures and my signature below indicates my full informed consent to services provided by my clinician via teletherapy treatment.





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Third Party Services

Video Sessions

We have two options, doxy.me and google meet, which will send you an individual link for each session. We can talk about which one seems better for you. Google meet requires you to have a google-enabled email address (if you have a .edu, those usually are integrated with google), but that will allow you to sign up for sessions via an integrated calendar.

Doxy offers the ability to send documents while we are on the call, which could be helpful. Please do NOT share the doxy link with anyone via email or any posts online as there is no password-protection option for this "room." However, I must allow people in so if someone gets the link, I will kick them out and they will never "see" you. Google meet works like zoom and similar services.

Many clients are well-versed in video chatting, but if you have any questions about this or any of the services, please ask!

Billing

You will see invoices that look like this from square, which will appear as being from my business name from the address messenger@messaging.squareup.com

Reminders are sent automatically; please pay invoices in a timely manner. The policy is that after 3 unpaid sessions, I can no longer schedule future sessions with you until a payment is made.



Schaefer
Psychological
Services

Schaefer Psychological Services
Invoice Reminder

\$1.00

Overdue since September 28, 2022

Pay Invoice

Invoice #000002
September 29, 2022

Customer

Forms

Official forms that I need you to sign and I must keep as part of your medical record (informed consent, policies, Good Faith Estimate) will be sent via pandadoc, Docusign's free cousin. It will





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be best to also use pandadoc to send you a superbill, if you want one, but there are other options.

Your personal information (e.g., address of record, emergency contacts) are collected via a google form and kept on an encrypted google sheet, mostly for emergency purposes or in case we lose the video call and want to finish the session via phone.

Scheduling

Scheduling can be done via email. If you intend to use google meet and if you want to schedule yourself each week and/or to reschedule, you can see and reserve open sessions on my calendar.

If we set up a regular time together, I will send you links as needed and you do NOT need to use the calendar to sign up each week. How we deal with links and reminders can be tailored to how you typically use video chatting services: for example, you might prefer to use the same video link every time, or you might find it easier to use google calendar and their automatic reminders, which send the meeting link for you.

Note that using the google calendar will automatically generate a google meet link. If you would like to meet via doxy.me instead, please include that in the meeting details or email me, otherwise I will assume that I'll see you via google meet.

If you have other ideas about how you'd like to handle scheduling, communication, or other feedback, please let me know.

Please sign to indicate you have read the Third Party Services form





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INFORMED CONSENT

I consent to participate in teletherapy with Dr. Hillary Schaefer, and I understand that:

- I have the right to withdraw this consent at any time.
- Teletherapy is the practice of delivering clinical mental health services between a practitioner and a client in two different locations via technology.
- There is no video or audio recording of any sessions by either party.
- There are risks, benefits, and consequences associated with teletherapy including but not limited to, technology failures and breaches (e.g., if a third-party service used is compromised).
- I understand that HIPAA-complaint third-party services are being used including but not limited to video sessions, billing, and records, and that I can inquire about any of these at any time.
- My clinician has limited ability to respond to emergencies and I authorize my emergency contact and/or 911 to be contacted by my clinician in the case of a **life-threatening** emergency.
- Information disclosed within sessions and sessions records are confidential and may not be disclosed without authorization, except where disclosure is permitted or required by law.
- Privacy laws that protect the confidentiality of my protected health information also apply to teletherapy. The same exceptions to confidentiality also apply (i.e., mandatory reporting of child or vulnerable adult abuse; danger to self or others; as required by law).
- Should I experience a mental health crisis or symptoms that require a higher level of support than telehealth care can provide (e.g., imminent plan to harm self or others), it may be determined that teletherapy services are not appropriate, referrals provided, and a transition plan discussed.
- **Emergency Protocol:** You agree to provide a home address and, if requested, the address where you are located. In a life-threatening emergency only, your emergency contact will be told that you are in a telehealth session and you are experiencing an emergency that necessitates that person travel to your location and either transport you to the hospital or wait for emergency services.

I understand the information contained in this form and my questions have been answered.





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2024 Sliding Scale

A sliding scale is offered based off a client's household modified adjusted gross income, which is adjusted gross income plus, as applicable: untaxed foreign income, non-taxable Social Security benefits, and tax-exempt interest, and the current federal poverty level, or FPL which adjusts for the number of individuals in the home.

See <https://www.healthcare.gov/glossary/federal-poverty-level-fpl/> for the full table of FPL by household size.

< 3 x 2023 FPL, ex: \$43,740 for an individual	\$50
3 - 5 x FPL, ex: \$43,740 to 72,900 for an individual	\$75
5 - 7 x FPL, ex: \$72,900 - \$102,060 for an individual	\$100
>7 x FPL, or more than \$102,060 for an individual	\$125

Note: Existing clients coming in from another platform may be exempt from this scale.

