

# Practice Policies

## Katie Navarra Counseling

Licensed Marriage and Family Therapist #117015

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### PRACTICE POLICIES

*These policies will serve the purpose of informing you to the best of my written abilities what to expect in your therapeutic work within my practice. Please let me know if you have any further questions or things we can discuss further.*

### ONLINE CLIENT PORTAL

You have access to a secure client portal where you are currently signing this paperwork. Please save your username and password for future use. This portal is also a place to see your billing statements, superbills, and any further documentation discussed with your therapist. Link: <https://katie-navarra.clientsecure.me>

### APPOINTMENTS + CANCELLATIONS

Please remember to cancel or reschedule 24 hours in advance. You will be responsible for the entire fee if cancellation is NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late to your session, please understand that the session will not extend past your 50-minutes, nor will the time be made up at future sessions, as this will impact other clients I see.

The standard meeting time for psychotherapy is 50 minutes. Requests to change the 50-minute session needs to be discussed with the therapist in order for time to be scheduled in advance (the fee will be changed based on length of therapy session). Sessions are typically weekly with transition to bi-weekly or monthly after discussing treatment options and goal progress.

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

### SESSION PAYMENTS

The fee is \$135 per 50-minute session. This fee is the same for in-office or telehealth video sessions. Therapy sessions are paid via credit card, debit card, cash, or check. Checks are made payable to "Katie Navarra." I do accept Health Savings Account debit cards. Please fill out the credit card authorization form in the client portal before your first session. This information is stored securely and is password protected. I charge clients on the day of their session. Some clients prefer to pay by cash for confidential reasons. *Please note: bring the exact cash amount for your session fee.* I do not "carry over" session payments from week to week, or extend credit as this could constitute as an unethical "debtor/creditor" dual relationship and ultimately impact the therapeutic relationship.

### *Superbill/Insurance*

I am an out of network, private pay provider. I am not a contracted provider with any insurance company or managed care organization. Should a client choose to be reimbursed through insurance, some insurance PPO's reimburse for out-of-network providers. Please contact your provider to ask them if your plan offers partial or full reimbursements for out-of-network services. A superbill can be automatically generated for you at the beginning of each month, which you can submit to your insurance provider. You can access the superbills through the client portal and you will also receive an automatic email notification when new superbills are available.

- To be fully informed, check with your insurance company at the beginning of treatment and inquire specifically about your mental health benefits. Ask them if your plan offers partial or full reimbursements for out of network services when you submit a superbill. Also ask about any limits they place on

treatment. (i.e. number of sessions allowed, maximum amount reimbursed per session, whether they reimburse for family sessions, etc.)

- Remember to save your client portal login information or refer back to the original setup email.
- Please be aware that if you submit your superbill to your insurance carrier, a DSM diagnosis code will be filed in your medical records regarding your current mental health status.

#### **TELEPHONE ACCESSIBILITY**

I am not an emergency or crisis phone.

If you need to contact me between sessions, please leave a message on my voicemail. I am often not immediately available; however, I will attempt to return your call within 24 hours during my business days (Monday-Thursday).

Please note that face-to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available upon request and may be discussed. If a true emergency situation arises, please call 911 or go to any local emergency room. The National Suicide Hotline is 800-273-8255 or you can text 741-741.

#### **SOCIAL MEDIA + TELECOMMUNICATION**

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, Instagram, 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. If you have questions about this, please bring them up when we meet and we can talk more about it.

#### **MINORS**

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents/guardians what information is appropriate for them to receive and which issues are more appropriately kept confidential. This will be discussed with you before sharing with your parents/guardians. As a minor, it is important for you to consent to your own treatment so please ask any further questions you have regarding your treatment during sessions.

If a minor is beginning therapy, a parent guardian signature will be needed. If parents are divorced or separated with shared custody, a copy of the custody agreement is needed and consent from both parents. An informed consent must be signed by a parent or guardian until the client reaches the age of 18. Minors are protected under confidentiality after the age of 12. A consent to release can be signed when parent collaboration is appropriate.

\*Important Notice: When I am contacted by a parent/guardian with information regarding treatment via phone, email or in person, my policy is that I will inform the minor that their parent/guardian has contacted me and disclose the content shared. This is very important for maintaining transparency and trust with the minor which is of critical importance in the therapeutic process.

#### **COUPLES**

Please note that with couples and family therapy the couple and/or the family is the client (e.g. the treatment unit), **not the individuals**. On occasion an individual session may be scheduled to assist in the overall therapy process to the treatment unit. Please understand there is a "no-secrets policy" and that any information given in the individual session can be shared with the rest of the treatment unit if the information disclosed during an individual appointment is deemed crucial to the couple or family. I will encourage the person to disclose this information in a future session and will support the client in doing so.

#### **ELECTRONIC COMMUNICATION**

I 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, I will do so. While I may try to return messages in a timely manner, I 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. Texting is available as a scheduling resource only.

Telehealth/telemedicine via video is available upon request and if it is clinically appropriate. An additional informed consent document will be signed before a video appointment.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, 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. 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. 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.

#### **LETTER WRITING + COURT**

I do not consent to requests for court appearances (unless legally mandated). A strict letter-writing policy is upheld and documents are only written for limited and necessary circumstances. Letters will not be written for custody or divorce cases. If documents are composed, the time delegated is billed at the normal hourly rate.

#### **TERMINATION/ENDING THERAPY**

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. You may terminate therapy at any point. When our work comes to a close, I ask that we schedule at least one final session in order to review the work you have done. 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 the psychotherapy is not being effectively used, goals/progress is not occurring, or the therapeutic relationship is not leading to effective progress. 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.

Occasionally clients return to therapy in order to process new challenges. If you decide to return in the future, please know that I have an open door policy and welcome the possibility of working together again, however, it will be at my clinical discretion and also dependent upon my availability.

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.

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

