

# *Devils Lake Psychological Services, PLLC*

## **Practice Policies and Agreement**

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### **APPOINTMENTS AND CANCELLATIONS**

Please remember to cancel or reschedule 24 hours in advance. We reserve the right to charge a fee of \$50.00 for missed appointments or appointments that are not cancelled 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 for a session, you may lose some of that session time.

The standard meeting time for psychotherapy is 45 minutes. Standard intake appointments are generally 60 minutes and assessment appointments vary in length.

A \$30.00 service charge will be charged for any checks returned for any reason for special handling.

### **TELEPHONE ACCESSIBILITY**

If you need to contact us between sessions, please leave a message on our voice mail. Requests for scheduling/cancellations can be left on either the receptionist's voicemail or your therapist's voicemail. Calls related specifically to your therapy services should be left with your therapist. We are not always immediately available to take your call, but we will attempt to return your call within a timely manner. Please keep in mind that our office is only open Monday –Thursday and that our therapists also work at additional sites/locations throughout the week. If your call is related to an emergency, please contact 911 or seek assistance at your local emergency room.

### **EMERGENCY SERVICES**

Devils Lake Psychological Services, PLLC does not provide emergency services. If you require emergency care, services may be obtained in Devils Lake through the following options: CHI St. Alexius Health Emergency Room by phone at 701-662-2131 or in person at 1031 7<sup>th</sup> St. NE, Devils Lake, ND 58301; the Lake Region Human Services Center Crisis Line at 701-662-5050; or through other emergency resources in the community. Emergency care can be obtained in Langdon at the Cavalier County Memorial Hospital at 701-256-6100 or in person at 909 2<sup>nd</sup> St., Langdon, ND 58249; or through the Lake Region Human Services Center Crisis Line at 701-662-5050. You can also call 911 to seek emergency assistance.

### **SOCIAL MEDIA POLICIES**

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 we meet and we can talk more about it.

### **ELECTRONIC COMMUNICATION**

We cannot ensure the confidentiality of any form of communication through electronic media, including text messages or email. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, we may attempt to accommodate these preferences. While we may 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.

### **MINORS**

If you are a minor, your parents may be legally entitled to some information about your therapy. We will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

## **BILLING AND INSURANCE**

Devils Lake Psychological Services, PLLC does work with a variety of insurance providers as well as third-party payers (including EAPs). Devils Lake Psychological Services, PLLC will bill insurance companies and other third-party payers and provide whatever assistance we can to help you receive the benefits you are entitled to. However, we cannot guarantee such benefits or the amounts covered, and are not responsible for the collection of such payments. You are responsible for checking your policy to determine your coverage for mental health services. If you have questions about your plan or coverage, please contact your plan administrator. In some cases, insurance companies or other third-party payers may determine that services are not covered. In such cases you are responsible for payment of these services. We charge our clients the usual and customary rates for the area. Clients are responsible for payments regardless of any insurance company's arbitrary determination of usual and customary rates. Insurance companies and some third-party payers often require some clinical information for billing insurance. Much of the time, they require a clinical diagnosis. Occasionally, we are required to provide additional information in order to be reimbursed for our services. This additional information can include treatment plans, treatment/session summaries, or copies of your entire clinical record. By signing this agreement, you agree that Devils Lake Psychological Services, PLLC can provide requested information to your insurance carrier or third-party payer in order to be reimbursed for services provided.

## **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. We may terminate treatment after appropriate discussion with you and a termination process if we determine that the psychotherapy is not being effectively used or if you are in default on payment. We 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, we 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 eight consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, we must consider the professional relationship discontinued.

## **NON-VOLUNTARY DISCHARGE**

In some situations, services may be terminated non-voluntarily. If a client exhibits physical violence, verbal abuse, carries weapons, or engages in illegal acts at the clinic, refuses to comply with stipulated program rules, refuses to comply with treatment recommendations, or does not make payment or payment arrangements in a timely manner services may be terminated. We will notify the client of this non-voluntary discharge in writing. The client may appeal this decision by submitting a request in writing.

**BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT:**

\_\_\_\_\_  
Client Name (Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Client/Parent/Guardian Signature

\_\_\_\_\_  
Date

Check One:

Signed by: \_\_\_ Client \_\_\_ Parent \_\_\_ Legal Guardian