HEALING IN MOTION THERAPY

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PRACTICE POLICIES

FEES AND BILLING:

Sessions are scheduled in advance and will be billed at the agreed upon fee at the close of each session. Prior to scheduling, you will be asked to provide credit card to be held on file. Your card information will be stored in SimplePractice, a HIPAA compliant Electronic Health Records system. You will be given the option to set up automatic payments, approve the therapist to manually charge at the end of each session, or to manually pay yourself at the close of each session. An invoice will be provided to you at the close of each session. Sessions may also be payable by cash or check; however, a credit card will still be required to have on file.

If you are unable to provide payment at close of session it is your responsibility to request a payment plan prior to next session or your sessions will be placed on hold until payment has been completed. Should a balance accrue, and no payment is received after exploring possible solutions together, Healing in Motion reserves the right to seek payment by legal means, including but not limited to, retention of a collection agency.

For those seeking to bill sessions to their insurance, Healing in Motion Therapy, PLLC (HIMT) contracts with Headway for all insurance billing. If you wish to utilize your benefits vs self-pay, you will be asked to create an account through Headway's client portal. This will require providing both benefit information as well as form of payment information for any co-pays or fees accrued during treatment.

APPOINTMENTS AND CANCELLATIONS:

The length of each therapy session will be limited to the agreed upon appointment time scheduled in advance. It is also important to note that a "therapeutic hour" will be honored each session. For example, a standard 60-minute psychotherapy session will physically run for 53 minutes.

Since the scheduling of an appointment involves the reservation of time set aside especially for you, the following policies will apply.

- Cancellations: a minimum of 24-hours' notice is required for rescheduling or cancellation of an appointment. This allows an opportunity for someone else to schedule an appointment. You will be responsible for the entire fee of \$100 if cancellation is less than 24 hours in advance. This amount will be immediately charged to your credit card on file prior to your next scheduled appointment. If the payment is not completed within 24 hours, you will not be allowed to reschedule until payment is received in full.
- No Shows: If you forgo your appointment without notice, you will be considered a "no show" and you will be responsible for the entire fee of \$100 if cancellation is less than 24 hours in advance
- Late Arrivals: If you arrive late to your appointment your session will be shortened in order to accommodate the sessions following yours. 15 minutes will be the maximum amount of time late that will be accepted to continue with your appointment. If you are late and time is adjusted, you will still be responsible for the full amount of the session. If you are over 15 minutes late for your appointment you will be considered a "no-show" and you will be responsible for the entire session fee of \$125.

HIMT may send you text or email reminders about upcoming appointments, this is done as a courtesy and only if you consent to receive such communications by providing your email address and cell number. It remains your sole responsibility to keep track of and timely attend all scheduled therapy appointments, whether or not you receive the text or email reminder.

INCLEMENT WEATHER CONCERNS

The location of the office in downtown Galveston may pose some challenges during hurricane season or heavy rainfall throughout the year. If conditions are deemed unsafe for travel by Healing in Motion Therapy, you will be alerted the morning of your appointment

and offered a telehealth option for your session. You also have the option to contact your therapist and request telehealth if you feel that travel will be unsafe for you on the day of your appointment.

ELECTRONIC COMMUNICATION:

HIMT cannot ensure the confidentiality of any form of communication through electronic media, including text messages and email. It is recommended if you prefer to communicate via email or text messaging you limit this to issues regarding scheduling or cancellations. As a client, you will be able to access a HIPAA compliant messaging portal through SimplePractice to communicate therapeutic content.

Services by electronic means, including but not limited to telephone communication, the Internet, and e-mail may hinder the therapist's ability to make clinical assessments, diagnosis, and interventions. 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 any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact, 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.

ACCESSIBILITY OUTSIDE OF SESSIONS:

If you need to contact your therapist between sessions, you may send a message through your client portal, leave a voicemail, or send a text message. Your therapist may not be immediately available; however, you will receive a response within 24 hours Monday to Friday and within 48 hours over the weekend.

If a true emergency situation arises, please call 911 or any local emergency room.

SOCIAL MEDIA AND TELECOMMUNICATION:

Due to the importance of your confidentiality and the importance of minimizing dual relationships, your therapist will not accept friend or contact requests from current or

former clients on any personal social networking site (Facebook, LinkedIn, Instagram, etc). Adding clients as friends or contacts on these sites can compromise your confidentiality and respective privacy. It may also blur the boundaries of the therapeutic relationship. If you choose to follow HIMT's business profiles, HIMT will not interact with you online through wall postings, @replies, or direct messages. Any communication through social media sites messaging services are not secure. If you have questions about this, please bring them up with your therapist for further discussion.

It is also important to note that Your therapist will not seek you out online (e.g., Google search) or through any social media platforms.

MINORS:

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

TERMINATION:

Ending relationships can be difficult. Therefore, it is important to have a termination process in place to achieve closure. There will be no cap placed on the number of sessions allowed. Therapy services will be provided for the length of time needed to complete treatment goals determined by you and your therapist. HIMT will not terminate the therapeutic relationship without to discussing and exploring the reasons and purpose of terminating.

Potential reasons for termination by therapist may include:

- Needs beyond scope of practice
- Dual relationship
- Client/Therapist fit
- Your goals for therapy have been achieved, or the problem for which you have entered into therapy has become more manageable or is resolved.

It is important to note that **frequent cancellations and/or missed appointments (no show) could result in the termination of treatment.** HIMT will make up to 3 attempts to contact and discuss potential barriers to treatment before termination.

If therapy is terminated for any reason or you request another therapist, HIMT 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.
BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.
Sign
Print
Date