

# **Policies & Procedures**

*Effective Date of Notice: April 2021*

## **Mission Statement**

Here and Now Counseling and Consulting is a therapy practice focused on meeting clients in the present moment and helping them find a way forward. Challenges are part of life, but finding the right support system and creating positive coping strategies allow people to grow. Here and Now is aimed at helping clients speak their truth, reflect and tap into their strengths and resources to feel calm and contentment in daily living.

## **Scope of Practice**

An individual who has been licensed in Connecticut as a Licensed Clinical Social Worker (LCSW) may engage in the independent practice of clinical social work. Clinical social work is the application of established principles of psychosocial development, behavior, psychopathology, unconscious motivation, interpersonal relationships and environmental stress to the evaluation, assessment, diagnosis and treatment of biopsychosocial dysfunction, disability and impairment, including mental, emotional, behavioral, developmental and addictive disorders, of individuals, couples, families or groups. In Connecticut, clinical social work includes, but is not limited to, counseling, psychotherapy, behavior modification and mental health consultation. See Conn. Gen. Stat. § 20-195m et seq.

## **Billing Policy** (per fifty minutes, unless otherwise noted)

Initial fifteen-minute phone consultation – Free  
Individual counseling (in-person or telehealth) – \$200  
Family or couples counseling (in-person or telehealth) – \$220  
Review of Records – \$75 per hour

## **Cancellation Policy**

If the client needs to cancel a session, 24 hours notice is required. The full fee will be charged for sessions that are cancelled less than 24 hours in advance. A cancellation due to an unforeseen circumstance or family emergency will be taken into consideration before charging the full fee.

In the unlikely event that the therapist needs to cancel a session, no fee will be charged. Whenever possible, the therapist will offer another session time but there is no obligation to accept the alternative session.

Any delayed arrivals must be reported. Please call 203-832-3827 and leave a message with the estimated time of arrival.

## **Termination Policy**

Both the client and therapist reserve the right to terminate counseling at any time. Termination will occur if the client (or their parent or guardian) no longer wishes to engage in services or if the therapist feels, in her best professional judgment, that termination of services is appropriate.

## **Emergency Procedure**

In the event of an emergency, 211 and/or 911 will be called immediately. The client's name and other identifying information will be provided to emergency responders as necessary.

## **Email Policy**

Clinical matters will not be discussed via the internet. Occasionally, emails are sent pertaining to scheduling, billing or other administrative matters that do not include clinical or medical information. If you have clinical information to discuss, please call 203-832-3827 to schedule an appointment.

## **Privacy Policy**

Personal health information is protected by federal and state law, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In general, communications between a client and their therapist are confidential and a client's personal health information cannot be disclosed without written consent. There are, however, exceptions, including:

- When there is suspected abuse or neglect of a child, dependent adult, or elder by the client;
- When there is imminent danger that the client will harm themselves or another person; and
- When there is suspected abuse or neglect of the client or the client is in imminent danger of harm.

Under these circumstances, the therapist is required to contact the appropriate authorities, including, but not limited to, the Connecticut Department of Children and Families and police.

Preserving confidentiality is key to maintaining rapport and trust between a client and a therapist. With a positive therapeutic relationship, the client is more likely to demonstrate progress toward their goals. For this reason, the therapist will provide the client's parent or guardian information regarding the client's general progress. The client's specific and personal health information will otherwise be kept confidential.

Information regarding a client's diagnosis and dates of service will be shared with the client's insurance company to process their claims (if applicable).

## **Custody Policy**

When matters of custody arise, the therapist must receive documentation regarding the custody arrangement to determine appropriate consent for treatment.

## **Supervision Policy**

The parent or guardian who escorts the client to the session must remain present on the premises, either in the waiting room or in the parking lot, for the duration of the session.

## **Payment Policy**

Payment must be tendered in full at each session. Here and Now Consulting and Counseling, PLLC accepts cash, personal check, and credit card.

Here and Now is an in network provider with Anthem Blue Cross Blue Shield. A copay may be required at time of service.

Here and Now is an out of network provider for all other insurance providers. A bill can be prepared periodically for the client to submit to their insurance company. The client pays in full at the time of their appointment. The client should call their insurance company to ask about the reimbursement rate for out of network therapy by a licensed clinical social worker.

Payment must be tendered by the parent or guardian who escorts the client to the session. If it is a telehealth session, payment must be tendered by the parent or guardian with whom the client is residing on the date of session.

**By signing below, you are agreeing to enter into therapy for your child. You are also acknowledging that you have reviewed a copy of Here and Now Counseling and Consulting, PLLC's Mission Statement, Scope of Practice, Policies & Procedures.**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Relationship to Client \_\_\_\_\_

Date \_\_\_\_\_