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GROW FAMILY THERAPY GROUP
Portland, OR

Practice Policies

Fee Schedule

Fee-for-service for individual psychotherapy sessions is \$170 per 50-55 minute session, unless otherwise discussed with myself and an alternate fee schedule is agreed upon. Payment is due at the end of the session. If you think you may have trouble paying your full fee on time, please discuss this with me openly so we can arrive at a solution. Unresolved money-related issues can greatly interfere with our work, and must be worked out openly and quickly. If your unpaid balance exceeds \$400, I may stop therapy with you until your balance is back to zero.

Insurance

If you opt to use your insurance benefits, I will bill the insurance company directly for the cost of the session. You may have a co-pay for session and this is due the day of the scheduled session. Please be aware that when you use your insurance to pay for your psychotherapy, parts of your mental health records and history must be made available to your provider in order to facilitate your reimbursement. I recommend that you contact your insurance provider before beginning this process in order to fully understand the limits of your treatment and confidentiality.

Some insurance plans offer full or partial reimbursement for sessions for out-of-network providers. If you would like, I can provide you with a monthly receipt/"superbill" to help you collect reimbursement from your insurance company. A superbill may include some private information, such as your diagnosis, to facilitate reimbursement.

Appointment Scheduling Policies

Sessions are typically scheduled to occur one time per week at the same time and day. The standard meeting time for psychotherapy is 45-55 minutes. Session will end within that time frame when the conversation of the current topic ends; no new discussions will be addressed within this time frame in order to best support you in giving the issue our full attention. Requests to change the 50-minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

It is possible that I may suggest a different frequency of therapy per week depending on the nature

and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome in therapy, and I require that clients attend session on a regular basis. If you are scheduled for weekly appointments, typically four sessions a month, I would require you to generally attend three of the four appointments. This is not intended to be punitive or rigid, but to help me create space for people in need of therapy support. If you are unable to consistently attend sessions, I may recommend terminating therapy services temporarily until you are able to attend on an agreed-upon frequency of sessions.

Late Arrival & Cancellation Policies

In order to cancel or reschedule an appointment, you are expected to notify myself at least 48 hours in advance of your appointment. If you do not provide at least 48 hours' notice in advance, you are responsible for payment for the missed session. 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 will lose some of that session time. I typically allow one missed session without a charge but further missed sessions will be billed.

If you are running late for a scheduled session, please inform myself once you know that you will be late. Unless you have informed me ahead of time that you will be running late, I will wait 15 minutes prior to canceling the session for the day and you will be considered a "no-show". No-show sessions are subject to the full session fee charge.

Please note that if you have arrived to a session under the influence of and/or impaired by alcohol or drugs that prevent you from being able to engage in the therapy session, I may end our session early, and you will be responsible for the full session fee.

Telehealth Options

Telehealth is an option for clients wishing to attend virtually. This form of therapy may not be covered by certain insurance policies. Telehealth appointments are professional in nature. As such, please be on time, in a private area, and fully clothed. If you would like someone to attend session, please discuss with myself prior to having them in the room in order to best maintain your confidentiality. Please also note that sessions cannot be conducted while driving or in a moving vehicle.

Social Media

Social media is a very commonly used method of connection. 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. 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.

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. I will make my best effort to respond to emails or text messages within 24-48 hours.

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. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up- to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs.

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. 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.

Records

I may take notes during our sessions, and may also produce other notes and records regarding your treatment. These notes become part of my clinical and business records, which I am required by law to maintain. Records will be maintained in accordance with the law and with my standard record- keeping practice, and are my sole property. Any request for your records must be made in writing by you. I reserve the right, under California law, to provide you with a treatment summary in lieu of actual records. I may deny you access to your records if disclosure is likely to endanger

you or others.

I will retain your records for at least seven years following termination of your therapy, or until your 25th birthday if you (the client) are under age eighteen at the termination of therapy. After such periods, your records will be destroyed in a manner that preserves your confidentiality.

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 what information is appropriate for them to receive and which issues are more appropriately kept confidential.

Termination of Therapy

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. It is a good idea to plan for your termination in collaboration with your therapist. We will discuss a plan for termination with you as you approach the completion of your treatment goals. The appropriate length of the termination depends on the length and intensity of the treatment, the specifics of your treatment plan, and the progress you achieve. You may discontinue therapy at any time.

Ideally, therapy sessions are discontinued when both parties (therapist and client) agree that termination is appropriate. However, I may terminate treatment after appropriate discussion with you if I determine that the psychotherapy is not being effectively used or if you are in default on payment.

Reasons for termination may include:

- Client has mental health needs that are beyond the therapist's area of expertise. For example, client requires a different level of treatment (e.g., inpatient or crisis intervention) or more specialized treatment (e.g., trauma or substance abuse) than the therapist provides in the practice setting.
- Therapist is unable or unwilling, for appropriate reasons, to continue to provide care (e.g., therapist is retiring/closing practice or client threatened therapist with violence).
- Conflict of interest is identified after treatment begins.
- Client fails to make adequate progress toward treatment goals or fails to comply with treatment recommendations.
- Client fails to participate in therapy (e.g., non-compliance, no shows, or cancellations).
- Lack of communication/contact from the client.

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.

Should you fail to schedule an appointment for two consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

NOTICE TO CLIENTS: The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.