

Practice policies

### **Appointments and Cancellations**

Appointments are scheduled in advance, at a cadence we agree on, based on your goals, treatment needs, and our mutual availability. Payments for each appointment will be made through Headway by debit or credit card or ACH transfer.

You may cancel appointments in advance without charge, as long as I receive notice far enough in advance. For appointment no-shows or last-minute cancellations, you may be charged a fee. Please reach out to me directly for my latest policy on the cancellation cutoff period and fees.

### **Availability and After-Hours Emergencies**

Providers check for voicemail messages during normal business hours. Messages left outside of normal hours of operation will be picked up the next business day. If you are experiencing suicidal or homicidal thoughts, are in crisis, or need immediate help, please call 911 or go to the nearest emergency department.

### **Contacting Me**

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voicemail and I will return your call once I've reviewed your chart, but it may take a day or two for non-urgent matters. I will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering my practice. If I need to cancel an appointment at the last-minute, I will reach out as soon as possible and reschedule, or have a member of my staff connect with you.

### **Discharge Process**

There are several reasons why we may eventually end our professional relationship. You may decide you would prefer to work with a different provider. I may reach the conclusion you would be better served working with someone else. Regardless of the case, I will first discuss with you the reasons for discharging, and if you request, provide you with a list of other qualified providers. I will also extend the discharge process length if necessary based on your treatment needs, including continuing to provide emergency support for a time-limited period after you have been notified of the end of our treatment relationship.

Please note that ongoing failure to pay for treatment, attend sessions, or communicate with me in a respectful and timely manner can also result in discharge from my practice. In

these instances, to ensure you have continued access to care, I will still make every reasonable effort to get in touch with you and provide referrals to a new provider before I consider our relationship ended.

☐ I have read and agree to the above document. By clicking the checkbox, I acknowledge I have read the information provided above. By clicking the button, "Sign and acknowledge" I am signing and agreeing to the terms outlined in the document above.