



OFFICE POLICIES AND PROCEDURES

WELCOME TO CARAMENICO COUNSELING GROUP, LLC

We are a group practice of individual clinicians who provide mental health/behavioral health services to clients who are seeking intervention and support to address their emotional needs and wellness. Each clinician is an independent practitioner practicing within his/her scope of expertise and training within the group. Upon meeting with the clinician, the client will be afforded the opportunity to discuss and seek information about the clinician's specific professional training, education, experience and credentials.

At the time of the initial referral, the individual seeking treatment provides brief information regarding why he/she is seeking mental health/behavioral services. Every effort is made to match the individual with a clinician who has the appropriate experience, expertise, and training to effectively work with the individual toward achieving wellness. If a match cannot be made at the time of the referral, the individual is advised as such and referred to an outside provider (per his/her request).

The first meeting between the clinician and the client is called an Intake session. The purpose of the intake is to allow each party the opportunity to meet and review the function of psychotherapy. The client will provide relevant information about him/herself as well as discuss his/her presenting concern with the clinician. The clinician will ask specific questions regarding the client's background and presenting concern in order to determine if he/she has the appropriate training and experience to effectively work with the client to address his/her presenting concern. Generally, the Intake is completed during the first meeting; however, in some instances, depending on history and presenting concerns, the Intake may extend over the course of 2 or more sessions in order to efficiently offer an appropriate mental health diagnosis and make a recommendation for treatment. The clinician will explain to you the mental health diagnosis as well as work with you to create an appropriate treatment to address your needs and concerns.

PSYCHOTHERAPY AND COUNSELING SERVICES

Psychotherapy is a broad term that is difficult to fully define. The process of psychotherapy and interventions used by the clinician will vary based on the training and expertise of the clinician and the particular issues/concerns presented by the client. In order for psychotherapy to have potential benefits it is necessary for the client to actively participate in his/her treatment. The clinician will encourage active participation but will not attempt to force or manage a client's participation or active engagement. The expectation is the client will work on things discussed in sessions during session time as well as outside of session (this may include completing therapeutic homework assignments).

It is important to understand that the potential benefits and risks of engaging in psychotherapy are specific to each individual. Therapy often involves discussing unpleasant experiences, struggles, concerns, etc and as such may, at times, elicit negative feelings for the individual. However, effective psychotherapy offers many potential benefits that may guide the individual toward effectively managing/regulating his/her emotional experience, solving specific problems, improving functioning and behavior, reducing conflict and stress, and establishing healthier relationships. There are no guarantees of what each individual will experience.

OFFICE POLICIES

- **CONFIDENTIALITY:** The issues you discuss in psychotherapy with your therapist are confidential and cannot be disclosed without your knowledge or written consent. However, there are some exceptions to confidentiality as mandated by State and Federal laws and are stated in our

Confidentiality and Limits of Confidentiality Policy that you will review and sign prior to commencing treatment.

All therapists endeavor to maintain the confidentiality of their clients and adhere to state and federal laws, and professional ethical guidelines in maintaining the standards of confidentiality. Your records will not be sent or shown to others (except for your insurance company) without a signed release from you. In such cases, your therapist will release the minimum amount of information in order to satisfy the insurance company under the terms of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Please refer to our Notice of Privacy Standards for details. All client records are maintained and securely stored in the offices of Caramenico Counseling Group LLC. Client records are only accessible to your therapist and Caramenico Counseling Group LLC administrators.

- **SESSIONS:** Therapy sessions are conducted in the office at an agreed upon session time. Sessions are generally 45-55 minutes in duration unless otherwise specified.

Outside of crisis situations that may arise during a scheduled session, sessions may not be extended past 60 minutes in total. Additional service fees will be applied if this occurs (unless otherwise agreed upon by the client and therapist); payment for services outside the traditional clinical hour session is the responsibility of the client. Fee for additional service time is billed in 15 minutes increments (\$31.25 per 15 mins for additional individual therapy and \$33.75 for additional family therapy). **This does not apply to consumers with coverage through HealthChoices (MA).

- **TELEHEALTH:** Telehealth is a specific type of service delivery of counseling services that is *NOT* offered at Caramenico Counseling Group, LLC at this time. As we cannot guarantee the confidentiality or privacy of such sessions we **DO NOT** offer telephone or other electronic forms of sessions. In order to provide such services the practice is required to have special software, policies and procedures, and operational equipment to meet the appropriate standards of practice and regulations under State and Federal Laws and guidelines established by Managed Care Organizations and Insurance.
- **INSURANCE COVERAGE:** Client agrees to notify the therapist of any changes in insurance coverage. If your insurance changes for any reason the therapist must know prior to the next scheduled session. The practice is required to verify insurance benefits and coverage before providing services. In the event your insurance coverage changes or is cancelled and/or you do not provide notice you incur full financial responsibility for all services rendered not covered as a result of changes to your coverage or benefit eligibility. Failure to pay for services rendered will result in a suspension or termination of therapeutic services. Services may resume when the client's account is paid in full to date.

Prior to the commencement of services, we will contact you (via email with your permission) and inform you of confirmation of your insurance benefits and eligibility for outpatient mental health service. You will be notified of your co-pay, deductible, and/or co-insurance obligation prior to the Intake session. Payment is required at the time services are rendered. Additionally, our office staff conducts insurance eligibility checks for all active clients on a regular basis. In the event we discover a change in your coverage we will notify you. Our goal is to prevent any disruption in your counseling services if possible. If your insurance benefits term or your coverage changes to an out of network plan we will work you to provide options to continue services or offer referral information to an in-network provider.

In order to utilize insurance benefits for mental health/behavioral health services, the therapist must indicate that it is medically necessary to do so. In order to meet this standard, the therapist will evaluate the client and offer a mental health diagnosis congruent with presented issues/concerns,

functioning, etc. This information, along with the date, duration and type of session will be disclosed to the insurance company for reimbursement purposes. In some cases, the insurance company may request a copy of the client's medical record in order to review the necessity of services, audit service delivery, etc.; as they are the payer of services we are contractually obligated to fulfill such a request. In the event that this was to occur, the therapist will notify the client of the request.

- **CLIENT RECORDS:** All client records are secured and maintained by Caramenico Counseling Group, LLC. Client records are not released to third parties without the written consent of the client (and/or parent/guardian of the client). The only exception to this is if your insurance company requests to inspect your record or we receive a court order to do so. In the event that you consent for your records to be released to a third party we will only release your Intake Summary, Treatment Plans, and Discharge Summary to the third party. Session notes, psychotherapy notes, and other documentation will not be released.

You have the right to inspect your client record at any time; such requests should be made in writing and submitted to Jennifer Erb Caramenico, LPC. Inspection of the file may occur at our office. If you request a paper copy of your client record a charge of \$0.25/page will be applied and payment is required when you pick up your records. We will only release a copy of the record to the actual client (parent/guardian) in person upon receipt of payment and proof of identity. Client records will not be mailed. If a medical hardship exists that prevents you from picking up your record we will make arrangements to have it sent certified mail; client is responsible for the cost of postage and agrees to indemnify Caramenico Counseling Group, LLC of liability for lost or stole records that are mail upon the client's request.

- **PAYMENT FOR SERVICES:** Client understands that payment and/or applicable service fees are expected at the time of service. Upon agreement between the client and therapist, a service fee may be paid at the client's next scheduled session; however, further delay of payment may result in the termination or suspension of services.

Payment may be made in the form of Cash, Check (rendered payable to Caramenico Counseling Group), or Money Order (rendered payable to Caramenico Counseling Group). ***A service fee of \$35.00 will be assessed for any returned checks.*** After a second returned check the client will be required to pay for services with Cash or Money Order only.

- **FAILURE TO PAY:** Client agrees to keep his/her account in good standing and pay all applicable fees in a timely manner. Client understands that failure to pay for services rendered will result in a suspension or termination of therapeutic services. Services may resume when the client's account is paid in full to date.
- **CHILD AND ADOLESCENT CLIENTS:** Any child/adolescent under the age of 14 must have the permission of both parents/guardians in order to participate in treatment unless there is a legal custody agreement stating otherwise. A copy of this agreement will be required in order for services to commence.

In addition, adolescents age 14 and older control their own records and confidentiality is enforced even with parents/guardians; specific release forms must be signed by the adolescent client in order to discuss treatment issues. Parents/Guardians are encouraged to support the confidentiality between the therapist and their child. As well, it is important to understand that any communication between the therapist and parent/guardian will be shared with the child in order to maintain trust and emotional safety within the therapeutic alliance.

No child under the age of 15 may be left unattended by a parent/guardian in the waiting room. In addition, a parent/guardian must remain in the building or on premise during the child's session (child under the age of 15). Please be advised that Caramenico Counseling Group LLC and individual therapists are not responsible for supervising or monitoring children who are left unattended or dropped off to session.

- **CONTACTING YOUR THERAPIST:** Due to the nature of the services provided it is often difficult for therapists to be immediately available by telephone. Most often, it is likely you will get voicemail when calling your therapist or the office. Therapists do not answer calls when they are with other clients. If your call is answered by voicemail please leave a message; if calling the office please leave your name and the name of the therapist you are calling for. Your therapist will make every effort to return your call the same day or within 24-48 business hours (with the exception of weekends and holidays). If your therapist is unavailable for an extended period of time (more than one week) you will be provided the name and contact information of a professional colleague who will address your concerns in your therapist's absence, if needed.
- **CANCELLATION/NO SHOW:** Client agrees to provide 24 hours notice of any need to cancel a scheduled session. It is understood that this is not always possible as illness can occur at any time; however, if multiple sessions are missed (no show/no call) or cancelled at the last minute it is difficult to reschedule and will interfere with continuity of care.

After the first no show/no call the client will be charged for the missed session. ***The cost assessed is \$65.00.*** This is not covered by insurance. Under State regulation and agreement with MCO this fee cannot be assessed to clients who have Medical Assistance. Consistent no show/no call or last minute cancellations (more than ***two*** in a 4 week period) may result in termination of services – this is applicable to all clients regardless of payment and insurance coverage type.

- **WAITING ROOM:** Clients are asked to wait in the waiting room until their therapist greets them. Clients may use the restroom if needed but otherwise should not leave the waiting room and enter the office hallway unless accompanied by a therapist. Please do not knock on office doors in an attempt to locate your therapist as it is likely to disrupt services to another client. If he/she is running late please be patient (allow 5-10 minutes); if he/she does not greet you within a reasonable amount of time please call your therapist or the office for assistance.

No child under the age of 15 may be left unattended by a parent/guardian in the waiting room. In addition, a parent/guardian must remain in the office waiting room or on premise during the child's session (child under the age of 15). Caramenico Counseling Group LLC and individual therapists are not responsible for supervising or monitoring children who are left unattended or dropped off to session. Failure of the parent/guardian to adhere to this policy may result in the termination of services to the client.

If a parent/guardian would like to discuss something with the therapist and prefer the child not be present, the therapist will make an effort to find an available office to have the discussion while allowing the child to remain in his/her office. If this is not possible, arrangements may be made to speak with the therapist at another time.

Clients and visitors are prohibited from bringing drugs, alcohol, and/or weapons into the office. If a client or visitor is discovered to have any of these prohibited items in his/her possession he/she will be asked to leave the premise immediately. Any client who violates this policy will be immediately terminated from services and notified by an administrator of Caramenico Counseling Group LLC of such within 24 business hours of the incident. Any client or visitor that appears to be impaired and

under the influence of a substance will be assisted as appropriate; if necessary, law enforcement may be contacted to assist with such a situation.

Clients and visitors are asked to refrain from making excessive noise or causing a disruption to others while in the waiting room. In addition, it is requested that individuals not discuss topics of a personal nature as this may create discomfort and/or concern for others in the waiting room. In order to provide a comforting, safe, and pleasant atmosphere we ask that all clients be respectful of this policy.

- **TEXT MESSAGING AND EMAIL:** If agreed upon at the commencement of services, text messaging and email may be used as a means of communication between the client and the therapist. Therapist will accept and respond to text messages and emails re: scheduling sessions, confirming sessions, rescheduling sessions, or canceling sessions. Please do not text or email confidential treatment information to your therapist, confidentiality cannot be guaranteed, as these platforms are not encrypted. Text messages or emails received that include treatment concerns or other confidential information will be deleted; this policy is to protect your confidentiality.
- **CRISIS:** Caramenico Counseling Group LLC and its independent practitioners do not have the capacity to provide crisis care or 24-hour on-call care; in the event of an emergency you should contact Crisis Services or go to the nearest Emergency Room. **In the event of a life threatening emergency please DO NOT leave the therapist a voicemail message or send a text or email. Call 911 or go to the nearest Emergency Room.** If you are admitted for crisis intervention your therapist will communicate with the crisis center or hospital with the client's written consent.
- **COURT RELATED MATTERS:** The independent practitioners at Caramenico Counseling Group LLC do not offer legal advice, complete or submit third party form/correspondence, nor do they participate in Court-related matters, such as, but not limited to: divorce, custody matters, worker compensation/disability, and/or criminal matters, unless otherwise arranged **PRIOR TO** the commencement of services. Such involvement requires additional consents, service agreements, and fees that are not covered by insurance and are not part of the therapeutic fee schedule. A retainer will be required at the onset of the service agreement. If the therapist is required to testify in a Court related matter for which no agreement was made prior to the commencement of service, the client will be charged a fee of \$1,200.00 per day to cover loss of wages and other incidental costs. Failure to pay for services rendered will result in a suspension or termination of therapeutic services. Services may resume when the client's account is paid in full to date.

Client should retain a copy of this document for his/her records and reference.

Client Name	Signature	Date
(All clients age 14 and older are required to sign this document)		

Parent/Guardian Name	Signature	Date
(Parent/Guardian must sign if child is under the age of 14)		

Independent Practitioner Signature and Credentials	Date
<input type="checkbox"/> Client (or Parent/Guardian) was provided a signed copy of this document. <input type="checkbox"/> Client (or Parent/Guardian) declined a signed copy of this document.	

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