

# Practice Policies

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Clear Mind Counseling

301 S. Sara Rd., Mustang, OK 73064

(405) 266-6846 p, (405) 281-3422 f

## **PRACTICE POLICIES**

### **APPOINTMENTS AND CANCELLATIONS**

Please provide at least 24 hours' notice if you need to cancel or reschedule an appointment. Cancellations made with less than 24 hours' notice, as well as missed appointments, will be charged the full session fee. These charges cannot be billed to insurance.

The standard psychotherapy session is 53 minutes. If you would like a longer or shorter session, this must be discussed in advance so time can be scheduled accordingly. If you arrive late, your session may be shortened so that it ends on time.

### **TELEPHONE ACCESSIBILITY AND CRISIS RESPONSE**

You may contact me between sessions by leaving a voicemail message. I am often not immediately available but will make every effort to return your call within 24 hours. Please do not use voicemail for urgent situations.

If you are experiencing a true emergency, please call 911, call or text 988 for suicide and crisis support, or go to the nearest emergency room. Clear Mind Counseling is not a crisis service and is not available outside of scheduled sessions.

### **SOCIAL MEDIA AND TELECOMMUNICATION**

To protect your confidentiality and to maintain clear professional boundaries, I do not accept "friend" or "connection" requests from current or former clients on any social networking sites (e.g., Facebook, Instagram, LinkedIn). Doing so could compromise your privacy and blur the therapeutic relationship. If you have questions about this policy, please bring them up in session.

### **ABOUT REVIEWS**

Your privacy is very important to me. While some clients may choose to share their experiences in an online review, please know that doing so is never expected, requested, or required. Choosing to post a review is entirely up to you. Because reviews may include personal details, there are risks to your confidentiality if you decide to share publicly. To further protect your privacy, I will never respond to reviews (positive or negative) as doing so could confirm or deny your relationship with me.

### **ELECTRONIC COMMUNICATION**

I cannot guarantee the confidentiality of electronic communications such as email or text messaging. These forms of communication may be used only for administrative matters such as scheduling or cancellations. They should not be used for therapeutic content or emergencies. While I make every effort to respond to messages in a timely manner, immediate responses cannot be guaranteed.

### **TELEHEALTH**

Telehealth allows sessions to take place through secure video or telephone when in-person appointments are not possible. Benefits include convenience, continuity of care, and increased access. Risks may include technology failures, privacy concerns related to your location or internet security, and limitations in managing emergencies when we are not physically in the same place.

To reduce risks, you should participate in telehealth sessions from a private location and confirm your physical location at the beginning of each session. Telehealth services are only provided to clients who are physically located in Oklahoma at the time of the session, in accordance with state licensing laws. If a crisis occurs during a telehealth session and we are disconnected, I will attempt to contact you promptly and may use your

emergency contact information if needed.

## **MINORS**

If you are under 18, your parents or guardians may have a legal right to some information about your therapy. I will discuss with you and your parents which information may be shared and which may remain confidential.

In Oklahoma, only a parent or legal guardian with the authority to make medical/mental health decisions may consent for a child's treatment. A copy of the most recent custody order or legal documentation must be provided before services can begin. If custody is shared, I request consent from both parents whenever possible. I cannot restrict access to records by a parent with joint legal custody unless a court order specifically limits those rights. Disputes about custody, visitation, or decision-making must be resolved outside of therapy. My role is to provide treatment, not to mediate custody matters.

## **REFERRALS**

Clients may come to Clear Mind Counseling through their own choice, through recommendations from other professionals, or through community resources. Regardless of how you are referred, beginning therapy here is always your decision, and you are free to discontinue services at any time.

I do not provide or accept payment, favors, or any other form of compensation for referrals. Any referral I make or receive is based solely on what I believe to be in the best interest of the client.

## **PROFESSIONAL CONTACT AND LEGAL INVOLVEMENT**

My role is to provide therapy, not to participate in legal proceedings. I do not provide custody evaluations, forensic assessments, or recommendations regarding visitation.

If I am contacted by attorneys, courts, or other professionals, I will release information only with your written consent or as required by law. Time spent preparing records, writing reports, or consulting with attorneys or other professionals outside of therapy sessions will be billed at **\$250/hour**, pro-rated in 15-minute increments.

If I am subpoenaed or ordered to testify, you are responsible for all related fees, regardless of which party issues the subpoena. Testimony and depositions are billed at **\$250/hour**, with a 4-hour minimum, including preparation and time in court. Travel is billed at **\$100/hour** plus mileage at the current IRS rate. These services cannot be billed to insurance.

## **PAYMENT AND AUTO-PAY**

All clients are automatically enrolled in my secure auto-pay system, using a credit, debit, or HSA/FSA card kept on file. Your card will be charged after each session, or when an outstanding balance is due.

If you prefer not to use auto-pay, you may opt out in writing. In that case, payment in full is due at the time of each session. Please note that if late or unpaid balances occur, I may require re-enrollment in auto-pay as a condition of continuing services. A **\$30 service charge** will apply for returned checks.

## **PAST DUE ACCOUNTS**

Clients are expected to keep accounts current. If a balance remains unpaid beyond 60 days without a payment arrangement, the account may be referred to collections at my discretion. You will be responsible for the outstanding balance as well as any additional fees incurred through collection efforts. I encourage open communication and can arrange payment plans if financial hardship arises. Please reach out promptly so we can find a solution.

## **TERMINATION**

Ending therapy can be a meaningful process. The length and style of termination will depend on the nature of our work together. I may recommend termination if therapy is not being effectively used or if payments are in default.

If therapy ends, I will provide you with referrals to other qualified professionals upon request. Should you fail to schedule an appointment for three consecutive weeks without prior arrangement, I will consider the therapeutic relationship discontinued for ethical and legal purposes.

**BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**