# New & NEXT counseling

# 1 SALO DRIVE, TRUMANSBURG, NY 14886

amelia sauter lcsw ~ jennie mayo ma ~ www.nowandnextcounseling.com ~ 607.280.4780

# POLICIES AND PROCEDURES CONSENT TO TREAT

This agreement may seem long, but it contains a lot of important information about our professional services and business policies. We encourage you to read it thoroughly and ask any questions about it that you might have. You will also be asked to sign it at the end, agreeing to the guidelines in this document. You can revoke this agreement at any time, with a few exceptions related to things like outstanding bills or a life-threatening situation, both of which are detailed in this document.

#### **SESSIONS**

Our sessions will usually be 50-55 minutes long, and most people have sessions once a week. It can be hard to make a commitment sometimes, but frequent cancellations can get in the way of feeling better, so we encourage you to come even when you don't feel like it. Please do your best to arrive on time so you can have a full session.

# **PROFESSIONAL FEES**

The fee for a 50-55 minute individual or family counseling session with amelia sauter lcsw is \$115 which is payable by cash, check, or credit card on the day of your session. Full payment is required even if you arrive late or leave early. The fee for a 50-55 minute session with Jennie Mayo MA is \$50 and is not covered by nor reimbursable by insurance. A fee of up to \$30 will be added if a check is returned to cover the bank fee that we incur. If you need to cancel your session, we require a minimum of 24 hour notice or you will be charged \$30, unless we agree that the circumstances were beyond your control. If you refuse to pay your debt, we reserve the right to use an attorney or collection agent to secure payment.

When you require help outside of a regular session, like crisis on-call therapy, our attendance at a school meeting, or support at a legal proceeding, you will billed at a rate of \$115 per hour for amelia sauter and \$50 per hour for Jennie Mayo. Talk to us in advance to discuss any anticipated needs outside of your weekly session.

# **HEALTH INSURANCE**

Jennie Mayo does not accept health insurance. amelia sauter accepts Aetna, MVP, and UnitedHealth. Aetna, MVP, and UnitedHealth policy holders may still be responsible for a copay and/or co-insurance at time of service, and therapy coverage may also be subject to the deductible. All others must pay full fee at time of service. amelia's services may be reimbursable by your insurance company as an out-of-network provider; it is up to you to contact them in advance to find out if services are reimbursable or not. If so, we can provide a copy of your paid bill (superbill) for you to submit to your insurance company. Please be aware that insurance companies require us to submit a mental health diagnosis, and at times can

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require additional clinical information like treatment plans, treatment summaries, or a copy of your counseling records.

#### **CONTACTING US**

amelia's work phone number is (607) 280-4780 and you can text or call. Jennie's work phone number is (607) 307-5050. When we are with a client, we are unable to answer the phone, but we will do our best to call you back that same day if you leave a message or text us. Our work phones are on from 9am-9pm. For after hours emergencies, you can call amelia's home phone at (607) 227-4742. In the case that amelia is not reachable and you are in crisis, please call the 24 hour National Suicide and Crisis Hotline by dialing 988 or go to your nearest hospital E.R.

#### **BENEFITS AND RISKS**

The goal of counseling is to help you feel better. Counseling can often lead to more positive feelings, more satisfying relationships, a reduction in stress, and solutions to problems. However since it can involve talking about unpleasant parts of your life, sometimes you may feel an increase in uncomfortable feelings like sadness, guilt, and anger. If you start to feel like you want to hurt yourself or someone else, please seek additional help right away.

Your part in counseling is to show up and commit to working on things in your life. In order for most therapy to be successful, you have to work on things we talk about both in sessions and at home. Your therapist's part is to provide a safe space and support, to provide a comprehensive evaluation, to set treatment goals with you, and then help you move toward achieving those goals.

#### **TELEHEALTH**

We provide services via video for clients for whom Telehealth services are a good fit, and we may choose to offer exclusively Telehealth services when the spread of communicable illness is a concern or for other unanticipated reasons.

Benefits of Telehealth services include convenience and accessibility. Research has shown that Telehealth can be an effective treatment for many diagnoses. There has been little research on Telehealth effectiveness for couples counseling and family counseling so these services are best categorized as experimental in nature. Risks include the risks inherent to technology use, such as data being intercepted, or others at your end of the conversation overhearing. We encourage you to make sure you have a quiet, private space for Telehealth sessions. We provide video Telehealth using the Simple Practice platform which is compliant with all federal and state requirements including HIPAA. There is a risk that a power outage could interrupt a session due to reliance on the internet. If this should happen, your session will be rescheduled as soon as possible.

#### **SOCIAL MEDIA**

We are unable to accept friend requests from clients, their family members, or their friends on social media (Facebook, Instagram, Twitter, TikTok, etc). This is to protect your confidentiality and privacy. If you would like to follow our professional Instagram page, you may do so at your own risk. Social media including Instagram should never be used to contact us for a therapy-related discussion, even in an emergency.

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#### **OUT IN PUBLIC**

Ithaca is not very big, and Trumansburg is downright tiny. It can feel weird to see your therapist in Wegmans or at the ShurSave after seeing them in therapy. Maybe you'll want to duck down another aisle to avoid us. That's totally okay. We might know each other already since this is a small town, but we will follow your lead in public and you can choose whether or not to acknowledge us. This means we won't initiate an interaction between us, but you can if you want to. If we end up in a repeated social situation together, we can figure out in session the best way to avoid this happening. We are ethically bound to not be "friends" with clients or have other types of dual relationships as this may be a conflict of interest for one of us.

#### **TEXTING AND EMAILING**

We can text and email if you want to, but please know that we cannot guarantee the confidentiality of these forms of communication simply because other people and entities are able to see them, intercept them, or eavesdrop on them if they are not encrypted. If you decide you want to text or email us, you can sign a consent at the end of this form. We recommend you do not include personal health information in text or email. Alternately, you can use the client portal to securely and safely message us.

#### LIMITS OF CONFIDENTIALITY

The law protects the privacy of all communications between a client and a psychotherapist. In most situations, we can only release information about you to others if you sign a written Release of Information form or when information is mandated by a judge. The main exceptions are if you threaten to seriously harm yourself or to hurt someone else, or if we have reason to believe that a minor is being abused or neglected at home. We are mandated by law to respond to and/or report these situations even when it means breaking confidentiality. See our Notice of Privacy Practices for more information on what could limit confidentiality.

# ARE SESSIONS WITH TEENAGERS CONFIDENTIAL?

In New York State, parents are legally allowed to see all of their child's counseling records when the child is age 12 or under. Between the ages of 13 and 18, we have some discretion about what to share and typically only share with the permission of the child (see details in Notice of Privacy Practices). In some special situations, teenagers can consent to mental health treatment without a parent's consent and then the parent cannot access any information in the records. And certain types of health info are protected by law no matter what the age of the child.

In other words, it's complicated! In general, we ask parents to refrain from requesting detailed information about individual therapy sessions with their teens. We like to provide parents with periodic general updates about their teens' progress and we talk with the teen in advance about what information will be shared with their parents or not.

We may break teen confidentiality for a number of reasons. First, we cannot keep information confidential for the same reasons listed in the Limits of Confidentiality above, that is, when we think someone is going to seriously hurt themselves or others, or if we think someone is being or has been abused (physically/sexually/emotionally) at home. But often teens' behavior falls in grey areas, and we want to encourage teens to discuss these tricky situations with us so we can help them sort things out and make good decisions. For example, when teens experiment with Page 3 of 5

a risk-taking behavior like trying alcohol at a party, we do not typically inform the parents. But if that teen's alcohol use is connected with a potentially life-threatening situation like driving drunk or addiction, we would not typically keep this information confidential from the parents. If teens are uncertain about what is safe to tell us, we advise asking us questions in the form of hypothetical situations like "If someone told you they were \_\_\_\_\_\_, would you tell their parents?" It is important for teenagers to have a way to talk to someone about situations that they will not often discuss with adults.

#### PROFESSIONAL RECORDS

We are required to keep records of the services we provide. Your records are maintained in a secure location in the office, and in a secure online practice management system, Simple Practice. We keep brief medical records noting that you were here, you reasons for seeking counseling, the goals we set for treatment, your progress, your diagnosis (if you have one), topics we discuss, any medical, social or treatment history that you shared, records we receive from other providers, copies of records we send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your medical records. Medical records are not the same as psychotherapy notes which subject to different limitations when there are requests for access. Because your medical records are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend you initially review them with me, or have them forwarded to another mental health professional to discuss the contents.

#### ANIMALS IN THE OFFICE

Animals other than trained service animals are NOT allowed in the office or at onsite sessions. amelia has a therapy dog that may join sessions for your benefit. If you are not comfortable with the presence of a dog, please let us know in advance. Because a dog shares amelia's office, please note her space is NOT allergy free.

#### **DEVICES**

Audio and video recording of sessions is prohibited. When devices have voice control turned on (cell, laptop, tablet), snippets of conversation could accidentally be recorded and sent to the device manufacturer. We turn off voice control on devices during sessions and encourage you to do the same.

#### **OTHER RIGHTS**

If you are unhappy with what is happening in therapy, we hope you will talk with us so that we can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You are free to end therapy at any time. You may also request that we refer you to another therapist. We reserve the right to terminate therapy if we feel you have engaged in threats, harassment, or intimidation towards us or others at our workplace.

You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, color, gender identity, sexual orientation, age, religion, disability, veteran status, or national origin. You have the right to ask questions about any aspects of therapy and about our specific training and experience.

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# CONSENT TO TREAT

Your signature below indicates that you have read the Policy and Procedures/Consent to Treat agreement and agree to its terms. Your signature also serves as an acknowledgment that you have received a separate detailed Notice of Privacy Practices (HIPAA).

Signature of Client:	Date:
Printed name:	
Signature of Parent/Guardian:	Date:
Printed name:	
CONSENT FOR TRANSMISSION OF PROTECTED HEALTH BY NON-SECURE MEANS (OPTIONAL)	H INFORMATION
I consent to allow <b>amelia sauter Icsw and/or jennie mayo ma</b> to use mobile phone text messaging to transmit to me the following protect	
*Information related to the scheduling of meetings or other appointr *Information related to billing and payment *Other specific information that I request from her	ments
I have been informed of the risks of transmitting my protected health means including but not limited to my confidentiality in treatment. I required to sign this agreement in order to receive treatment. I under this consent at any time. I also understand that there is a secure clier hours a day.	understand that I am not rstand that I may terminate
Signature of Client:	Date:
Printed name:	
Signature of Parent/Guardian:	Date:
Printed name:	