

SARAH MCCRACKEN, LICSW, CIMHP

POLICIES

The information described below is offered to anticipate the most frequently asked questions about my professional services and business practices. Please read this carefully. If you have any questions, it is important that you clarify them with me prior to signing the consent and disclosure of information form.

Session Information:

Individual therapy sessions are by appointment only and are customarily 45 - 53 minutes in length. Longer sessions will occasionally be scheduled in consultation with the client. Group therapy sessions range from 60 to 90 minutes depending upon the group topic and age of the participants.

Psychotherapy has both benefits and risks. Since treatment often involves discussing difficult aspects of your life, you may experience uncomfortable feelings. However, therapy has many possible benefits, including the reduction in the symptoms that brought you to care. As we meet to conduct an initial evaluation and treatment plan, it will be important for you to evaluate how you feel about working with me. Successful therapy involves a large commitment of time and resources; you should choose your therapist with care. If you have any questions about my training, my methods, or my recommendations, please feel free to discuss them with me. If your doubts persist, I will be happy to provide you with a referral to another mental health professional.

Cancellations:

The time agreed upon is reserved for you. **In the event that you must cancel a session, please call me at least 24 business hours in advance.** I may be reached at 802-424-8561. If such notice is given, the client will not be charged for the sessions. **In the absence of such notice, except in extraordinary circumstances, the client will be charged for the session at the usual hourly rate.** It should be noted that insurance will not pay for missed sessions, so the client will be billed directly. In accordance with legal requirements, Medicaid patients will not be charged for missed sessions. However, in the case of all clients, if an appointment is not kept, subsequent scheduled appointments will be forfeited unless and until the client calls to reschedule. Additionally, I reserve the right to discontinue treatment with a client if session attendance becomes a regular problem. In the event that you become more than 10 minutes late to your appointment, your appointment will be canceled; continued lateness will require time in session to discuss.

Phone Calls:

I am not often immediately available by phone and messages are received by my voicemail. I pick up these messages periodically throughout the day and will return calls as soon as

possible. I will make every effort to return your call within 24 business hours. I may be reached at 802-424-8561.

Email and Text:

If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential. While I have an encrypted email with BAA to adhere to HIPAA standards, all emails are retained in the logs of your or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Any email I receive from you, and any responses that I send to you, will be noted in your treatment record.

If you elect to text message me, please be aware that texting is not completely confidential. I have a HIPAA compliant phone number through Spruce Health and I will send you a request to download the app. Text messaging is only appropriate for scheduling/admin purposes in terms of your scheduled appointments. Text messages are only answered within my business hours of 9:00 am to 5:00 pm on weekdays.

Fees:

The regular fee for individual psychotherapy is \$100 for a 53 minute session. The regular fee for group psychotherapy is \$65 for an hour and \$90 for a 90-minute session. Payment of all fees due by the client, including co-payments, is required at the time of service, unless we have discussed your being billed for co-pays. **Please contact your provider to determine what your financial responsibility for therapy will be.** A sliding scale may be agreed upon at the beginning of treatment. Telephone consultations of 10 minutes or longer and preparation of reports or letters will be billed at the usual rate, based upon time involved. Consultation to schools or other consultation fee options will be discussed and agreed upon prior to the consultation.

Insurance:

If insurance is to be used to pay for services, arrangements must be made in advance with me. I will typically bill the insurance company directly, and the client is responsible for deductibles and co-payments at the time of service. In certain situations, I may arrange to bill the client with the understanding that they will apply for reimbursement from the insurance company themselves. **All insurance plans vary and you are responsible for learning the details about your plan.** Some require pre-authorization by your primary care provider or by the insurance company before they will pay for services. Some plans authorize a set number of sessions. The client is responsible for tracking this information. If your insurance coverage changes, it is your responsibility to inform me to avoid any lapse in coverage. Many insurance companies require that I provide written updates of your treatment on a periodic basis in order for services to be covered. It is understood that I will provide these updates to your insurance company as part of your care unless you request otherwise.

Patient Rights:

You have the right to be treated with dignity and respect. You have the right to necessary and available treatment regardless of race, religion, national origin, age, handicap, gender, or sexual orientation. You have the right to be informed about the services and treatment available for your needs. You have a right to know your diagnosis, if you have one, and your treatment plan. You have the right to consent to treatment or to refuse treatment. You have the right to review your clinical records. You have the right to give or withhold access to your clinical record to others, such as a relative or lawyer. You have the right to complain if you believe your rights, or someone else's rights, have been violated.

Confidentiality:

Confidentiality is a very important part of psychological services. The release of confidential information to a third party requires client authorization through the signed, time-limited *Authorization to Disclose Protected Health Information* form for each party concerned. We will fulfil a client request to send records to a third-party without unreasonable delay and without undue burden to the client.

Under the following circumstances, information might be released without your written permission:

- The social worker/clinician is mandated to act to minimize risk in the event that the client is assessed to be an imminent danger to themselves or others
- The social worker/clinician is mandated to report actual or suspected abuse or neglect involving children and vulnerable adults
- The social worker/clinician is required to respond to a court-ordered subpoena to testify in court or to provide records to the court
- The social worker/clinician may be obligated to report to authorities' situations which directly affect the health and safety of others

Further information about confidentiality is included in the Privacy Notice that has been provided to you.

Emergencies:

We will discuss crisis planning as part of your treatment if necessary. Patients of Essex Pediatrics can call 802-879-6556 24 hours per day and ask for the physician on call. **In a life-threatening situation, contact 911 immediately or go to the Emergency Department.**

My signature on the page authorizes Sarah McCracken, LICSW, CIMHP to provide psychological services to myself, my child, or a minor to whom I am the legal guardian. It also verifies I have read, understand, and agree to abide by the conditions and policies described above.

Signature of Client or Parent:

Date:

