

## PRACTICE POLICIES AND INFORMED CONSENT FOR THERAPY



### Welcome to Alviva Therapy Associates!

This document contains information about the policies of our practice and about our model of integrative psychodynamic treatment. Please read all of the information and feel free to talk or ask about any aspect of the content here with your therapist.

#### **Our integrative psychodynamic model**

Psychodynamic psychotherapy is a type of therapy that explores the unconscious elements that contribute to patients' suffering, bringing these parts into conscious awareness to be treated. This modality often entails a deep look at how past experiences influence current functioning.

While our practice is psychodynamic at its core, we believe that tailoring treatment to each patient's needs also involves integrating knowledge from other fields and modalities.

The body and the mind are intimately related. Physical struggles can influence mental struggles and vice versa. At times, our therapists may recommend other types of care to complement and enrich the psychotherapy you are receiving. Though you are not obligated to provide us with a written release of information to speak with other professionals, we strongly recommend this to allow us to provide you with a team approach to your treatment.

While your therapist may make suggestions, your continued treatment at Alviva is not contingent on your following our recommendations, unless your therapy would be substantially affected by not doing so. We will not make recommendations that are not indicated for your individual needs.

Examples of other professionals that we may refer to include, but are not limited to:

- Psychiatrists or psychiatric nurse practitioners (for medication or medication management)
- Nutritional psychiatrists
- Nutritionists
- General physicians
- Massage therapists
- Acupuncturists
- Reiki/bodywork/energy practitioners
- Spiritual/religious practitioners (when indicated)

Alviva is committed to understanding and treating each individual as a whole person that exists within an intricate and unique sociocultural context. This means considering many factors that contribute to who you are, as well as the factors that might contribute to what you are struggling with. Examples of such factors include, but are not limited to:

- Aspects of identity (race, ethnicity, ancestry, class, socioeconomic status, sexual orientation, sexual identity, gender identity, gender expression, age, religious affiliation, cultural affiliation, national identity, linguistic identity, disability/ability status, education, profession)
- Family structures
- Relationships and social connections
- Traumatic events
- Physical health (current and historical)
- Mental health (current and historical)

#### **What to expect from therapy**

Therapy appointments usually occur every week for 50 minutes. Depending on your specific treatment needs, you might meet two or three times weekly with your therapist, and you will agree on a specific day and meeting time together. Appointments begin at the time scheduled and end after 50 minutes, regardless of your arrival time. On occasion, your therapist may run late due to emergency situations with other patients or other unforeseen events. If this occurs, they will speak with you about how to make up the time lost.

Therapy can be both a rewarding and difficult process, and there is neither a "quick fix" that will resolve issues, nor a guarantee of change. You and your therapist will likely speak about what you would like to get out of the therapeutic process, and the outcome depends greatly on your level of openness and willingness to participate in the process and in the therapeutic relationship. At times,

therapy may feel uncomfortable or distressing as past events and emotions are worked through, and at other times, you may experience feelings of profound understanding and clarity. All of these sensations are normal and are part of the process.

### **Cancellation and attendance policy**

Please notify your therapist at least 24 hours in advance of your session time if you are unable to attend. Cancellations or no-shows within the 24-hour period are subject to being charged in full.

If you would like to reschedule your appointment, please do so at least 24 hours in advance of your session time, and we will attempt to accommodate this request. Unsuccessful attempts to reschedule sessions within the 24-hour period are subject to being charged in full.

Attendance at sessions is expected regularly. Erratic attendance not only prevents you from benefitting fully from the therapeutic process, but it also compromises your therapist's obligations and ability to provide you with the best care possible.

Unless otherwise discussed with your therapist, more than two missed appointments within a five-week period may result in the suspension of services. Your therapist will contact you to reevaluate your expectations for treatment and to determine how to proceed. If you fail to schedule an appointment for three consecutive weeks, we will assume that you are no longer interested in services. We will make three attempts to contact you. If you do not respond after the third attempt, we will assume you are not interested in continuing therapy at this time and will send you a termination letter confirming this.

### **Confidentiality**

Confidentiality is the cornerstone of the therapeutic process. What you share in your psychotherapy sessions is kept strictly confidential. If you wish for other medical professionals or another person to have access to parts or all of your records, you must sign a Release of Information specifying the recipient and the content to be released.

There are certain circumstances in which confidentiality does not apply. These are enumerated below. In such cases, only the minimum amount of information required to keep the patient and others safe is divulged.

1. The patient threatens or attempts to commit suicide or engages in behavior that could cause substantial bodily harm to themselves.
2. The patient threatens or attempts to cause bodily harm or death to someone else.
3. The patient discloses that they know of abuse being caused to a minor under 18, including if the patient themselves has committed or intends to commit such abuse, or if they themselves are/were the minor in question.
4. The patient discloses that they know of abuse being caused to a vulnerable adult or elderly person, including if the patient themselves has committed or intends to commit such abuse, or if they themselves are/were the vulnerable adult or elder in question.
5. The patient discloses that they know of, have themselves caused/plan to cause, or have themselves been victims of neglect of a minor, vulnerable adult, or elder as noted above.
6. If a court of law issues a subpoena for specified information.
7. If a court of law or an attorney requests a psychological evaluation, the results of the evaluation will be sent to the requesting party.
8. If Alviva Therapy Associates needs to obtain payment for unpaid services.

To provide you with the best care possible, your therapist may occasionally consult with another professional regarding your case. In such an instance, your therapist will not reveal identifying information about you, nor will they reveal more than the minimum amount of information necessary.

### **Other types of contact outside of therapy**

#### **Telepsychology**

Update 8/8/20: Due to the ongoing covid-19 crisis, all of our therapy is being conducted via our telehealth platform. Please refer to our Informed Consent for Telepsychology for further information about telehealth.

#### **Phone**

If you are experiencing an emergency, call 911 or go to your nearest emergency room and ask for the psychologist or psychiatrist on call.

If you have an urgent/emergent need to speak with your therapist, please leave them a voicemail, and they will get back to you as soon as possible.

We understand that it is occasionally necessary to speak with your therapist between sessions. Phone conversations shorter than 15 minutes will not incur a charge. Conversations longer than 15 minutes will incur a percentage charge of your hourly rate, based on the amount of time used.

A therapy session may occasionally occur by phone; these are subject to the full fee.

**Email**

Email is not considered a secure form of communication, unless otherwise specified. While our therapists will take reasonable steps to secure their email accounts (using two-factor authentication, secure passwords, etc.), we cannot guarantee the security of information sent via email. We strongly recommend that email be used exclusively for non-clinical material and contact (e.g., scheduling, requesting a copy of an invoice, billing questions), and while our therapists will try to respond in a timely manner, immediate responses cannot be guaranteed.

**Text**

Texting is not a secure form of communication. Should you need to get in touch with your therapist to cancel or reschedule, please consult them about their specific texting policy. We strongly recommend that text be used exclusively for non-clinical material and contact (e.g., scheduling, requesting a copy of an invoice, billing questions), and while our therapists will try to respond in a timely manner, immediate responses cannot be guaranteed.

**Social media**

At Alviva Therapy Associates, your privacy is paramount. Our practice has an Instagram account (@alvivatherapy), should you wish to follow it, but for your privacy, we will not follow you back or accept direct messages.

Our therapists do not accept friend requests from patients, nor do we follow the social media accounts of our patients on any platform. If you have questions or concerns about this policy, our therapists are happy to address them.

**Electronic business communications**

Alviva uses a HIPAA-compliant software platform for scheduling, patient data, and secure video conferencing/telehealth. You may choose to sign up for electronic appointment reminders via text, email, or automated phone call. Please confer with your therapist about signing up for these services. While this system does provide for two-way text communication between Alviva’s software platform and the patient, this software is NOT intended to be used for emergency communications, and you may not receive an immediate response.

**Billing and fees**

You and your therapist will speak together to determine your hourly rate for therapy. Services are billed at the end of each session. You may choose whether to pay in person or remotely with a credit card, health savings account card, or debit card. Should you wish it, we will provide a monthly invoice for you to file with your insurance carrier. If you would like invoices more often, please let your therapist know.

To accommodate cost-of-living increases or other shifts in the economy, therapists may occasionally raise their rates. They will provide you with written notice of this change 30 days in advance.

**Termination of therapy**

Ending therapy is often a difficult process, regardless of the reason for the termination. It’s important for termination to be a process to achieve closure, rather than an abrupt ending. The length of the termination phase will be influenced by the length and intensity of the treatment, and your therapist will discuss your thoughts about the termination process and its duration with you. Our therapists will not terminate the treatment without discussing the reasons for termination with you first (see Cancellation and attendance policy, above). If you wish to see another therapist elsewhere, a list of referrals will be provided to you, unless you prefer to find another provider on your own.

BY SIGNING BELOW, I AFFIRM THAT I HAVE READ, UNDERSTOOD, AND AGREE WITH THE POLICIES LISTED ABOVE.

Name of patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of patient: \_\_\_\_\_ Date: \_\_\_\_\_