

Lucia Larson, LCSW

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PRACTICE POLICIES

SESSION LENGTH AND CANCELLATION POLICY: Sessions are typically 45 minutes and take place at a previously agreed upon time in which we are both available. Frequency is usually once a week, but can be jointly adjusted given your specific therapeutic needs. Ahead of our scheduled meeting time, I will send you an invitation/link. I ask that you log in on time. If you are late, that time will be deducted from your session time. If I am late, I will take responsibility for ensuring you receive your full session time. **If you must cancel your appointment, notice should be given 24 hours prior to the time of the session.** You will not be charged for cancelled sessions as long as you adhere to this policy. You will be responsible for paying a cancellation fee equal to the cost of your session if less than 24 hours notice has been given. If you use your insurance benefits through Alma for our sessions, your cancellation fee will be \$80.00 for sessions cancelled with less than 24 hours notice. This fee may be waived if you provided less than 24 hours notice due to circumstances beyond your control (e.g., illness, flight delay, family emergency, etc.). The waiving of this fee is up to my discretion and will be discussed with you. Please note that if you cancel three consecutive telehealth therapy appointments, I will not be able to hold your time slot. This policy is intended to ensure your commitment and to support the best chance of positive outcomes from teletherapy.

PROFESSIONAL FEES: The standard fee is \$125.00 for individual telemental health counseling sessions and \$150 for couples sessions. You will be expected to pay for each session at the time it is held. For clients unable to afford the full fee, I offer a limited number of appointments at a reduced, sliding-scale rate. My sliding scale is based on financial need and availability. In circumstances of unusual financial hardship, fee adjustment or an installment plan may be negotiated. If your account is more than 60 days in arrears and suitable arrangements for payment have not been agreed to, legal means may be taken to secure payment, including collection agencies or small claims court. I will inform you before I take this measure so that you will have the opportunity to pay promptly.

Periodically, fees may be increased; no more than once per year if at all. You will be informed in advance of any change in fees. If you are unable to afford the fee, please feel free to discuss it with me.

INSURANCE: I currently accept Aetna, United Health, Oxford or Oscar through Alma, a venture-backed mental health startup dedicated to increasing access to quality mental health care. Alma manages everything related to co-payments and insurance to make things as easy as possible for clients seeking therapy. If you choose to use your in-network insurance benefits, you will receive an email from the Alma team with instructions to set up your account and add your insurance and payment details. You'll see your cost/session ahead of time or you can review what you'll pay through your insurance at any time. You can also reach the Alma team directly at support@helloalma.com. They can assist with any insurance, billing, or account questions you may have. If you would like to use your out-of-network insurance benefits, your insurance company may provide some coverage for telemental health treatment, which is your responsibility to discern. Clients who wish to be

reimbursed through out-of-network health insurance will receive a statement each month to be submitted for reimbursement; these clients will be responsible for the full payment of fees. Please be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes, they may also require additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what happens to the information once it is in their possession. At your request, I will inform you if any information beyond a diagnosis code is required, and I can provide you with a copy of any report I submit.

PAYMENT METHODS: If you choose to use your in-network insurance benefits for our sessions, you will make copayments directly to Alma through an account you create with them. If you are not using in-network insurance benefits, I accept online payment through Venmo, as well as the SimplePractice platform, which is integrated with Stripe and accepts all major credit/debit cards and HSA. If you would like to pay via debit/credit card through Stripe, I will send you a credit card form asking you to authorize me to charge your credit card for the cost of our session. You may also elect to sign up for autopay with Alma or through Stripe. If you would like to pay via Venmo, you may make payments to **Lucia-Larson-3** and enter the exact payment amount. In the "What's it For" section, please enter the date of the session (or missed session). Most importantly, please note that Venmo is an outside company and I cannot control the privacy and confidentiality of this payment method. In an effort to keep your transactions as private as possible, please select the audience as "private" so that your payments are visible to transaction participants only. You can make this privacy setting automatic by going to Settings~Privacy~Default Privacy Setting and selecting the default audience as "Private". Please be aware that if you choose to become "friends" on Venmo, this connection will be visible to others. I recommend that you take this into consideration before selecting this payment method. Please note that I cannot personally ensure or control the confidentiality of payment through Venmo or credit cards; I urge you to read over the user agreements affiliated with these payment methods, and to consider possible implications on privacy and confidentiality before use.

PROFESSIONAL RECORDS: I am required to keep appropriate records of the elemental health therapy services that I provide. Your records are maintained in an Electronic Health Record through SimplePractice, a HIPAA compliant practice management system. Records are brief, note that we had a telehealth session, your reasons for seeking therapy, goals and progress, topics discussed, your diagnosis, your medical, social and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you are entitled to receive a copy of these records or an appropriate summary. If you wish to see these records, please provide adequate notice in writing. Because these are professional records, they may be misinterpreted and/or upsetting lay readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional. You also have the right to request that a copy of your file be made available to any other health care provider at your written request. I am required by law to keep your records for a period of 7 years after the last date of service, after which they will be destroyed.

CONTACT BETWEEN SESSIONS: If you need to contact me between sessions, please leave a message on my voice mail, (440)941-2165. I am often not immediately available; however, I will return your call within 24 hours. Although there is no guarantee of confidentiality or privacy via email or text, many clients choose to co-ordinate sessions through email (lucialarsonlcsw@gmail.com) or text. I am willing to communicate electronically for the coordination of appointments, but I urge you to consider that I have little control in the privacy or protection of this form of communication. I strongly suggest that email or text be reserved for non-sensitive information, and that any sensitive information be reserved for teletherapy sessions using a secure platform. If you choose to email or text me from your personal email or phone #, please limit the contents to basic issues such as cancellation or change of contact info. Please note that face-to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available. If a true emergency situation arises, please call 911 or go to any local emergency room.

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

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

Client



Signed by Christine Simmons

November 7, 2022 at 8:11 am

IP address: 74.71.4.244