

Practice Policies

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PRACTICE POLICIES

APPOINTMENTS AND CANCELLATIONS

Please remember to cancel or reschedule 24 hours in advance. You will be responsible for the entire fee if cancellation is less than 24 hours.

Financial Policy

Session Fees:

Payment is due at the time of your appointment.

- \$140 for 45 minutes of Play Therapy
- \$140 for 55 minutes Individual, Couple, and Family Therapy Session
- \$75 for 50 minute group sessions
- \$175 for written reports to other professionals or billed by the hourly session rate

Cancellation

Cancellations within 24 hours will be billed for the entire cost of the missed appointment.

Court Fee

A non-refundable prepayment of \$2,000 will be charged if asked to testify, as I have to take off the entire day from other clients. Plus, \$175 will be billed hourly in preparation for court and travel time. A current credit card must be on file.

Phone Calls

Calls over 10 minutes will be charged at the hourly rate. Please call 911 for emergencies.

Insurance Reimbursement

Upon your request, I will provide you with a copy of a receipt, which you can submit to your insurance company for reimbursement. It is your responsibility to verify the specifics of your coverage. You should be aware that most insurance companies require a clinical diagnosis and sometimes-additional information is requested. I have no control over what they do with the information once it is in their hands.

TELEPHONE ACCESSIBILITY

If you need to contact me between sessions, please leave a message on my voice mail. I am often not immediately available; however, I will attempt to return your call within 24 hours. 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 any local emergency room.

SOCIAL MEDIA AND TELECOMMUNICATION Due to the importance of your confidentiality and the importance of avoiding 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.

ELECTRONIC COMMUNICATION

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

MINORS

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

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