Nyssa Von Doeren, LMFT 99807

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.

The standard meeting time for psychotherapy is 50 minutes. It is up to you,

however, to determine the length of time of your sessions. Requests to

change the 50-minute session needs to be discussed with the therapist in

order for time to be scheduled in advance.

Cancellations and re-scheduled session will be subject to a full charge if

NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary

because a time commitment is made to you and is held exclusively for you.

If you are late for a session, you may lose some of that session time.

TELEPHONE ACCESSIBILITY

If you need to contact me between sessions, please leave a message on

my voice mail or text me. 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

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.

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.

Services by electronic means, including but not limited to telephone

communication, the Internet, facsimile machines, and e-mail is considered

telemedicine by the State of California. Under the California Telemedicine

Act of 1996, telemedicine is broadly defined as the use of information

technology to deliver medical services and information from one location to

another. If you and your therapist chose to use information technology for

some or all of your treatment, you need to understand that:

(1) You retain the option to withhold or withdraw consent at any time

without affecting the right to future care or treatment or risking the loss or

withdrawal of any program benefits to which you would otherwise be

entitled.

(2) All existing confidentiality protections are equally applicable.

(3) Your access to all medical information transmitted during a telemedicine

consultation is guaranteed, and copies of this information are available for

a reasonable fee.

(4) Dissemination of any of your identifiable images or information from the

telemedicine interaction to researchers or other entities shall not occur

without your consent.

(5) There are potential risks, consequences, and benefits of telemedicine.

Potential benefits include, but are not limited to improved communication

capabilities, providing convenient access to up-to-date information,

consultations, support, reduced costs, improved quality, change in the

conditions of practice, improved access to therapy, better continuity of care,

and reduction of lost work time and travel

costs. Effective therapy is often facilitated when the therapist gathers within

a session or a series of sessions, a multitude of observations, information,

and experiences about the client. Therapists may make clinical

assessments, diagnosis, and interventions based not only on direct verbal

or auditory communications, written reports, and third person consultations,

but also from direct visual and olfactory observations, information, and

experiences. When using information technology in therapy services,

potential risks include, but are not limited to the therapist’s inability to make

visual and olfactory observations of clinically or therapeutically potentially

relevant issues such as: your physical condition including deformities,

apparent height and weight, body type, attractiveness relative to social and

cultural norms or standards, gait and motor coordination, posture, work

speed, any noteworthy mannerism or gestures, physical or medical

conditions including bruises or injuries, basic grooming and hygiene

including appropriateness of dress, eye contact (including any changes in

the previously listed issues), sex, chronological and apparent age, ethnicity,

facial and body language, and congruence of language and facial or bodily

expression. Potential consequences thus include the therapist not being

aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist.

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 reading and signing this document you agree to pay the agreed service fee for therapy.