

Practice Policies

****Thrive for Life Therapy****

25109 Jefferson Ave Suite 120, Murrieta, CA 92562

****PRACTICE POLICIES****

*****APPOINTMENTS AND CANCELLATIONS*****

- Please remember to cancel or reschedule 24 hours in advance. You will be responsible for the entire fee of your scheduled session if cancellation is less than 24 hours. Insurance will not cover late cancel or no show visits. You will be responsible for the entire session fee, not just your copay.
- Your initial appointment fee is due prior to appointment, to secure that slot. Follow up appointments will be charged the day of your session.
- The standard meeting time for psychotherapy is 50-53 minutes. I also offer 30 minute and 40 minute sessions. It is up to you, however, to determine the length of time of your sessions. Requests to change the 53, 40 or 30-minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

*****THERAPY FEES*****

- Thrive for Life Therapy reserves the right to raise fees, with 30 day notice.
- A \$10.00 service charge will be charged for any checks returned for any reason for special handling.
- If you dispute allowable charges, this is grounds for therapy termination. This is due to a breach in the therapeutic contract.
- If Payment is declined at any time, you will be unable to schedule and attend further sessions until the balance due has been satisfied. This is to protect the therapeutic relationship and to prevent building unnecessary large balances that can be create a financial burden.
- 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. I will be available until 15 minutes after the start of your scheduled session. At that time, you will be considered a no-show and charged no show fees. I may provide a courtesy text or call when you are late to session, however not guaranteed. It is solely an extra courtesy I may provide on occasion. Your appointment reminders via Alma and Simple Practice are regarded as sufficient reminder of your appointment obligations.
- Your initial session is a Diagnostic Evaluation (90791). This is billed at the same cost as 53 minute individual sessions (90837). For this reason, the below estimate does not include a separate estimate for 90791 Diagnostic Evaluation. Below is an estimate of 53 minute therapy sessions.

Service: Individual Therapy: 53 Minutes (90837 Service)

Number of Weeks Total Estimated Charges for 1 Session Per Week

1 Week of Service \$165

13 Weeks of Service \$2145

(Approximately 3 Months)

26 Weeks of Service \$4,290

(Approximately 6 Months)

39 Weeks of Service \$6,435

(Approximately 9 Months)

52 Weeks of Service \$8,580

(Approximately 12 Months)

Service: Individual Therapy: 38 Minutes (90834 Service)

Number of Weeks Total Estimated Charges for 1 Session Per Week

1 Week of Service \$125

13 Weeks of Service \$1625

(Approximately 3 Months)

26 Weeks of Service \$3250

(Approximately 6 Months)

39 Weeks of Service \$4875

(Approximately 9 Months)

52 Weeks of Service \$6500

(Approximately 12 Months)

- If you request I consult with other healthcare providers, family members, etc., below are the charges.

Minute Charges Total Estimated Charges for Consultation Per Time Requested

0-10 Minutes of Service \$0.00

11-30 Minutes of Service \$100

31-45 Minutes of Service \$125

46-60 Minutes of Service \$165

- If you should need me to go to court for you, my minimum daily charge is \$2500, due to cancelled sessions and lost daily revenue. This is to be paid prior to my appearance or I will not appear.

Number of Days Total Estimated Charges for Court Appearances

1 Day of Service \$2,500

2 Days of Service \$5,000

3 Days Service \$7,500

5 Days of Service \$12,000

7 Days of Service \$17,500

- There may be a time where you request I fill out paperwork or write a letter for you. If approved, below is a table of costs associated with that.

Number of Letters Total Estimated Charges for Letter Daily

1 Letter Written \$75

0-9 Minutes of Paperwork \$0

10-30 Minutes of Paperwork \$100

31+ Minutes of Paperwork \$125

INSURANCE ATTESTATION (if using insurance)

- I understand that Hannah Hernandez offers an extra service by checking my insurance benefits before my treatment begins. Anything the insurance company quotes her could be inaccurate and may be subject to change at any time. Furthermore, I understand that I am encouraged to call and check my own benefits as well. I understand that if my insurance fails to cover my services, I am responsible for the full amount of each session.
- I attest that I am only covered by the insurance plan or plans that I have listed in my intake documents. I understand that if I don't disclose all plans under which I am covered, faulty claim filing may occur, and I may end up responsible for large sums of money at a later date.
- I also understand that if my insurance plan recoups fees paid to Thrive for Life Therapy, because of unpaid insurance premiums, undisclosed secondary insurance, gaps in coverage, or other reasons that are not the fault of the practice, I am financially responsible for paying Thrive for Life Therapy for all money recouped. Further, I understand that Thrive for Life Therapy may take legal action, including collections and small claims court, if I have not paid the balance within 30 days of my last service.
- Finally, I understand that I am financially responsible for all fees not paid by insurance for my sessions, to include no-show fees. I understand and agree that these charges will be posted to the credit card on file, and that I must call my insurance plan, not Thrive for Life Therapy, if I do not understand or agree with what my plan has and has not covered.

TELEPHONE ACCESSIBILITY

- If you need to contact me between sessions, please leave a message via the secure messaging on SimplePractice, if possible. Otherwise, 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 (to include video telehealth) 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.

EMERGENCY RESOURCES

If you have a psychiatric emergency, to include but not limited to wanting to hurt yourself or someone else, please call 911 immediately. If you have a question or concern, you may call during my office hours and leave a message if I do not answer. I will get back to you during normal business as soon as I can. Please note the below resources for urgent mental health needs.

- 1) 24/7 Mental Health Urgent Care: 85 Ramona Expressway, Suites 1-3 Perris, CA 92571 951-349-4195
- 2) National Suicide Prevention Line: 1-800-273-TALK (8255)
- 3) HELPLine 24 Hour Crisis/Suicide Prevention Line: Phone: (951) 686-HELP (4357)
- 4) Veteran Crisis Line: (800)-273-8255 Press 1
- 5) Trevor Crisis Line for LGBTQI Youth: 866-4-U-TREVOR (866-488-7386)

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