

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 a \$30 administrative fee if cancellation is less than 24 hours.** I reserve the right to waive this fee in special circumstances. This administrative fee is necessary because a time commitment is made to you and is held exclusively for you.

If you are late for a session, the session be shortened and will end at the pre-scheduled stop time.

The standard meeting time for psychotherapy is 55 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 55 minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

A \$10.00 service charge will be charged for any checks returned for any reason for special handling.

If you do not show for three consecutive appointments and do not provide advanced notice of cancellation, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued and you must contact me to discuss the availability of resuming services.

TELEPHONE ACCESSIBILITY

If you need to contact me between sessions, please leave a message on my voicemail. 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, Telehealth or phone sessions are available.

If you are in an emergency situation, such as being at risk of danger or having thoughts or taking actions of harming yourself or others, you should call 911, go to the closest emergency room, and/or contact the 24-hr crisis hotline (**National Suicide Prevention Lifeline Center for Kansas: 800-273-8255 or 785-841-2345, National Crisis Text Line: text "home" to 741741, Kansas Crisis Hotline for domestic violence or sexual assault: 1-888-END-ABUSE (1-888-363-2287)**).

Please notify me of any crisis situation or hospitalization. I will coordinate with you and your support team to provide a plan of care that will help stabilize the crisis and provide the support needed.

Current methods of contacting me include phone (785) 424-7410, email- sunflowerarttherapy@gmail.com, or secure messaging through the client portal - <<https://sunflowerarttherapy.clientsecure.me/home>>. NOTE- I provide text message appointment reminders through an automated system but am unable to receive text messages because my phone number listed above is a landline.

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 other electronic 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.

Parental Involvement: A feeling of privacy and safety is needed for the therapy process to be successful for a child. I encourage each parent to provide updates about their child's well-being and I will provide both parents with updates on the treatment plan, general concerns and progress of the therapy process. Additionally, I encourage parental participation in the therapeutic process. Joint sessions or individual consultations with the parent or child may be recommended to aid in such things as implementing coping skills at home or problem-solving situations occurring with the child. However, it is also necessary to establish a "zone of privacy" so that children feel free to discuss personal matters with greater freedom. To do this I will seek the child's permission before sharing specific information about conversations had or artwork created in the sessions. The same privacy will be given regarding communications with parents/guardians. This privacy will be waived for concerns about risk of harm, although consent prior to disclosure will still be sought.

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve a positive ending to treatment. We will work together to determine the length of treatment needed to meet your

goals. The appropriate length of the termination depends on treatment goals and the intensity of the treatment needs. Some reasons I would initiate termination of treatment are: achievement of treatment goals, determining that treatment has not been effective and referral to another provider is needed, failure to meet fee agreement, conflict of interests, or at your request. 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 two consecutive months, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued. To resume services please contact me to discuss availability.

BY CLICKING ON THE CHECKBOX BELOW (or signing the policies acknowledgment if viewing a print version) I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.