

Practice Policies-Pennsylvania

Resilient Roots Therapeutic Services, PLLC 484.362.9456

PRACTICE POLICIES.

Informed Information:

Thank you for choosing Resilient Roots Therapeutic Services, PLLC as part of your therapeutic journey. Please read entirely and present us with any questions or concerns. By signing this form, you are agreeing to the entire form in it's entity.

Appointments and Cancellations

Please remember to cancel or reschedule 24 hours in advance of your session time. You will be responsible for the late fee if cancellation is less than 24 hours of the start of your appointment time. The late cancel or no show fee is \$160. This is non-negotiable.

The standard meeting time for psychotherapy is 45-53 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 45-53 minute session needs to be discussed with the therapist in order for time to be scheduled in advance. Please be advised that insurances only pay for a maximum of 53 minutes per session. Cancellations and confirmed re-scheduled sessions will be charged \$160 if notice was not received before 24 hours. 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.

If a client no shows and does not return Resilient Roots Therapeutic Services, PLLC's outreach, Resilient Roots Therapeutic Services, PLLC's team has the right to cancel all future sessions. Running late: If you are running late, your session will still end on the scheduled time. You are responsible to call, text or email Resilient Roots Therapeutic Services, PLLC at 484.362.9456 or resilientroots.hush.com if you are running late.

Confidentiality

All interactions with Resilient Roots Therapeutic Services, PLLC and your therapist including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential. No record of counseling is contained in any academic, educational, or job placement file. You may request in writing that the counseling staff release specific information about your counseling to persons you designate.

EXCEPTIONS TO CONFIDENTIALITY:

If there is evidence of clear and imminent danger of harm to self and/or others, a therapist is legally required to report this information to the authorities responsible for ensuring safety. Pennsylvania state law requires that all mandated reporters who learn of, or strongly suspect, physical or sexual abuse or neglect of any person under 18 years of age must report this information to county child protection services. A court order, issued by a judge, may require your therapist to release information contained in records and/or require a therapist to testify in a court hearing.

If you post slander or a statement completely false on any social media page, we do have the right to sue, remove, and/or comment back professionally and with respect. Please always feel free to reach out to Aalih Hussein, the owner of Resilient Roots Therapeutic Services, PLLC, if you are ever dissatisfied with any service at Resilient Roots Therapeutic Services, PLLC.

Once a minor (under 17 y/o) turns 18 years old, client no longer needs guardians to sign paperwork. However, clients who are still under their parents' or guardians' insurance need to be aware that the subscriber will have knowledge, through the insurance or a superbill, of client's diagnosis and billable services. If client does not want this person to be aware of diagnosis, client will have to self-pay and not report superbill to insurance. Resilient Roots Therapeutic Services, PLLC will never, without consent from client, reveal or discuss treatment or diagnosis of client unless mandated.

You must a ROI signed for us to communicate with anyone outside of Resilient Roots Therapeutic Services, PLLC.

COURT

We will not appear in court unless a court order by a judge is present. The rate will then be \$2000/day per employee needing to be present. This will need to be paid within 5 days of the court hearing(s). If this is not paid, we reserved the right to give your name and information to collection agencies. Any paperwork will be charged as per this policy. Any legal fees that the business had to acquire will also be paid for and made out to business.

CREDIT CARDS

Credit Cards must be on file and be able to be billed without being declined or rejected. If unable to collect full fee, you will not be able to have session(s). We do not accommodate running or outstanding balances and you are responsible to pay your bill in full unless an approved payment plan has been made. By signing this document, you give us the right to run your card until full payment amount is due, at any given time. You also agree that we will run your credit card without any prior notice to you. We will run your card to pay off balance if your insurance did not pay us or came back with an amount you owe us, even months later, however long it takes our billing department and your insurance to come to a conclusion of payment you owe. By signing you are agreeing to the above and understand. If you'd like to change credit cards, please go into your portal and make that card DEFAULT. We reserved the right to give your name and information to collection agencies after 60-90 days of no payment. If you dispute a charge, we have the right to send all of the information to prove the reasoning of our charge. We also then have the right and will send you to collections if your balance is not paid in full.

Although we check your insurance, you are also responsible to check your insurance for deductibles and copayments as when we call the insurance, it is not always 100% accurate in our portals. You are responsible for any cost that the insurance does not pay for. Please check your insurance. We will run credit cards day of, within the week, or when insurances come back with the payments you own the company.

ELECTRONIC COMMUNICATION

We 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, we will do so. While I may try to return messages in a timely manner, we 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. Do not call, email, or text your therapists if in crisis, always call 911 or local crisis team. Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine. 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.

EMAILS

More than 5 minutes of phone calls or emails in a week will result in a fee. The fee will be \$2 per minute. We will not answer phone calls, text, or emails that do not pertain to prior sessions or future sessions. If there is a true medical emergency, please call 9-1-1. If you ever have a mental health crisis, please call your local county crisis team or 9-8-8. Please email resilientroots.hush.com or call 484.362.9456 to receive a call back or return message. By signing you are giving consent to email and text you, although not HIPAA compliant or BAA attached to our GMAIL or GOOGLE VOICE numbers.

INSURANCE

Many insurances have contracted with other platforms or insurances for telehealth or in person visits. Although we do our best to double check your insurance coverage, there are times where we are told misinformation. You agree to double check your telehealth and mental health benefits before proceeding with therapy. If your insurance fails to cover, you will be responsible for the full cost of session. By signing this consent, you agree and understand this section. I agree

I will upload a copy of my insurance card, front and back. If my insurance changes for whatever reason, I will inform Resilient Roots Therapeutic Services, PLLC and upload the new insurance information and again double check my own benefits. I understand that sometimes the insurance makes Resilient Roots Therapeutic Services, PLLC aware of member's deductible and copayments weeks after services, if this happens, I agree that Resilient Roots Therapeutic Services, PLLC will bill the card on file without notice, however you may ask for an invoice at any time. I agree to reach out to my insurance if I have questions about this. I understand if for whatever reason my insurance does not pay, I will owe the whole private pay amount of \$160/session. You are responsible for checking your copayment and deductible before you begin therapy with Resilient Roots Therapeutic Services, PLLC to confirm with your insurance. I understand that by utilizing insurance, insurance may ask Resilient Roots Therapeutic Services, PLLC at any time for notes, diagnosis, treatment plans, intakes, assessments, etc. for an audit and we must comply with this request. Please check your insurance to confirm that virtual sessions are still covered by any platform, if you're utilizing Teletherapy.

COBRA:

If you are planning on utilizing COBRA, you will be responsible for the full Private Pay amount until COBRA kicks in. If COBRA retroacts payments, Resilient Roots Therapeutic Services, PLLC will pay client back the funds. Resilient Roots Therapeutic Services, PLLC will not pay back until insurance pays Resilient Roots Therapeutic Services, PLLC. We advise all clients to also check their benefits, deductible, and copayments to avoid any surprise charges. By completing this form, you agree that Resilient Roots Therapeutic Services, PLLC can bill your insurance and behavioral health insurance and you are authorizing that Resilient Roots Therapeutic Services, PLLC can contact the insurance on your behalf or the business behalf, if you are utilizing insurance. You also agree to the above statements.

INTERNS AND GRADUATE STUDENTS

Resilient Roots Therapeutic Services, PLLC believes in advocating, education and empowering all women. We do offer internships and ask if you are comfortable if interns can sit in on sessions or conduct intakes. Our interns have the trainings and knowledge and are able to conduct sessions. If you are not comfortable, always feel free to make us aware as some information is too sensitive to share with others.

PAPERWORK

All paperwork must be completed before each session. All paperwork, documents, and billing documents will be via your Simple Practice Portal, a link will be provided in your email. All paperwork will be on Simple Practice Portal. If you need a paper copy, we can email it or mail it to you. Clients who are 14 years old and older must sign all their own paperwork in addition to guardians, if a minor (under 17 y/o).

PAYMENT

You are responsible for payment on your session day, unless otherwise discussed at the beginning of session. We are not willing to have clients run a bill with the business or therapist. We cannot accept barter for therapy, nor can we take medical coupons. If you eventually refuse to pay your debt or after 60 days, we reserve the right to give your name and the amount due to a collection agency. We are not responsible for any overdraft fees or withdrawn fees your bank might charge you. You may not dispute a fair credit card charge. You must upload your Credit Card, Debit, HSA, or FSA information into Simple Practice. Resilient Roots Therapeutic Services, PLLC does accept credit, debit, and HSA cards. Resilient Roots Therapeutic Services, PLLC utilizes Stripe powered by Simple Practice. Simple Practice is a system that will run your card. It is HIPPA compliant and we never need to see your card. No one from Resilient Roots Therapeutic Services, PLLC will ask you for your card information at this time unless it is needed to update in the system. We will not provide services if balance is greater than \$50. Please note that we will continue to run an active card or utilize credits to pay off balance without notice and until balance is paid off. Checks are to be written out to Resilient Roots Therapeutic Services, PLLC. You, as the client, understand that Resilient Roots Therapeutic Services, PLLC will bill the same credit card every session (either on that day, that week, within the month (there may be times that it may be on a later date due to insurance issues), after the session or if you missed our session (without 24 notice). It is also your responsibility to update credit card when needed. You will also be billed if your insurance does not cover your visit.

I, as the client, agree to this statement and will upload my information before my first session and understand that the credit card on file will be charged until bill is paid. I also agree to upload a credit card if my credit card or another card is not working. If bills are 60 days past due, we have the right to send bill to collections. By signing, you understand and agree that we will send all your information that the collector will ask for including your phone number, email, emergency contact and other personal information. A \$20.00 service charge will be charged for any checks returned for any reason for special handling. If you have questions about billing, please reach out via resilientroots.hush.com not your therapist.

RECORDING:

There may be times that an intern asks to record a session for educational purposes. You have the complete autonomy to decline this request. At no time should a Resilient Roots Therapeutic Services, PLLC employee ask for a recording unless court requirement.

REQUESTING PAPERWORK:

Any paperwork and/or letters that need to be filled out, printed out, or completed that you or your doctor or another agency request will be: Pages 1 – 20 \$1.70, Pages 21 – 60 \$1.26, Pages 61 – end \$0.44, Microfilm copies \$2.51. Production of records to support any claim under Social Security or any Federal or State financial needs-based program; \$31.94. Supplying records requested by a district attorney: \$25.20. For personal or medical use of your chart and to be faxed is \$35. It is \$25/hr for the time it takes for therapist, Clinical Director, supervisors, admins, or owner to fill out paperwork. We do not guarantee that paperwork will be filled out. We will not recommend any outside services or accommodations. We may or may not fill out any disability or accommodation paperwork dependent on diagnosis. Please do not assume and discuss with your therapist.

SAFETY:

If anything becomes physical or any type of abuse mentioned, verbalized or witnessed, it is up to the clinical judgement of the therapist to continue, end session or terminate with resources or to 302, call crisis and/or the police. MINORS: If you are a minor, your parents may be legally entitled to some information about your therapy. We will discuss with you and your parents what information is appropriate for them to receive, and which issues are more appropriately kept confidential.

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I or anyone at Resilient Roots Therapeutic Services, PLLC, do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). We 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. Telephone Accessibility If you need to contact your therapist or Resilient Roots Therapeutic Services, PLLC between sessions, please leave a message on Resilient Roots Therapeutic Services, PLLC's voicemail. We are often not immediately available; however, we will attempt to return your call within 24 hours. If a true emergency situation arises, please call 911 or any local emergency room or crisis team.

TELETHERAPY

I understand that my therapist may or is wishing me to engage in a telehealth consultation. My therapist explained to me how the video conferencing technology that will be used to affect such a consultation will not be the same as a direct client/therapist visit due to the fact that I will not be in the same room as my provider. I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation. I know I can have a direct conversation with my provider, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

CONSENT TO USE THE TELEHEALTH BY SIMPLEPRACTICE SERVICE:

Telehealth by SimplePractice or Psychology Today are the technology services we will use to conduct telehealth videoconferencing appointments. It is simple to use and there are no passwords required to log in. By signing this document, I acknowledge: Telehealth by SimplePractice or Psychology Today is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911. Though my provider and I may be in direct, virtual contact through the Telehealth Service, neither SimplePractice nor Psychology Today Telehealth Service provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services. The Telehealth by SimplePractice or Psychology Today Service facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care. I do not assume that my provider has access to any or all of the technical information in the Telehealth by SimplePractice or Psychology Today Service – or that such information is current, accurate or up-to-date. I will not rely on my health care provider to have any of this information in the Telehealth by SimplePractice or Psychology Today Service. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment. I hereby authorize Resilient Roots Therapeutic Services, PLLC to utilize SimplePractice or Psychology Today as a means of psychotherapy. SimplePractice or Psychology Today are HIPAA compliant platforms for telecommunication. I further attest that since I have chosen this form of communication, I have been advised that it may not be covered by my insurance company and that I may be responsible for any fees incurred during psychotherapy which incorporates telecommunication. I understand that I may revoke this authorization at any time by giving my written notice. I may specify the date, event or condition on which this consent expires. If none is stated, and if no prior notice of revocation is received, this consent will expire one year after the date it was

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. Resilient Roots Therapeutic Services, PLLC may terminate treatment after appropriate discussion with you and a termination process if we 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, We must consider the professional relationship discontinued.

YOUR RIGHT:

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time. Text Messages/Emails We often communicate important information about appointments and services via regular text messages and email (such as appointment reminders). There is some risk associated with someone other than you receiving your message via text or email. Please let us know if you would like for us to communicate via text and email. You may receive ongoing messages regarding updates to the practice, communication from your therapist, which you may find beneficial.

Client Consent to Psychotherapy:

I have read these statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I agree to pay the fee of \$120-\$200 per session unless utilizing sliding scale (with an intern) or insurance for individual therapy, other charges are applied and can be discussed over an the time allotted or another therapy style (i.e. family). I agree to everything above and everything explained in this document. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Resilient Roots Therapeutic Services, PLLC. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made Resilient Roots Therapeutic Services, PLLC

By signing this form, I certify:

1. That I have read or had this form read and/or had this form explained to me.
2. That I fully understand its contents including the risks and benefits of the procedure(s). That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.
3. I am over the age of fourteen and/or parent/guardian of client.

Please sign if you agree and understand to all of the above information.

Electronically signing I am agreeing that I have read, understood, and agree to the items contained in this documents and understand that my esignature is considered legal and binding just as if it were hand written. We are so honored you have chosen us to support your during your therapeutic journey!