

Practice Policies

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Appointments and Cancellations

Please remember to cancel or reschedule appointments at least **24 hours in advance**. If a cancellation is made with less than 24 hours' notice, you will be responsible for the **full session fee**.

The standard meeting time for psychotherapy sessions is **50 minutes**. If you wish to adjust the session length, please discuss this with me in advance so appropriate scheduling can be arranged.

A **\$10.00 service charge** will be assessed for any returned checks.

If you arrive late for a session, we will end at the originally scheduled time to accommodate subsequent clients.

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 confidential voicemail. I will make every effort to return your call within **24 hours**. Please note that **face-to-face sessions are preferable** to phone sessions. However, if you are out of town, ill, or require additional support, **phone sessions are available** as needed.

In an emergency, please call **911** or go to your nearest emergency room, as I may not be immediately available.

Social Media and Telecommunications

To protect your confidentiality and preserve appropriate therapeutic boundaries, I do not accept friend or contact requests from clients (current or former) on any social networking site (e.g., Facebook, LinkedIn).

Please feel free to discuss any concerns about this policy during our sessions.

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 observations over the course of treatment. 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 information they may otherwise find clinically significant.

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, and I believe it is important to have a thoughtful termination process to provide closure. The length of the termination process depends on the duration and intensity of treatment.

I may terminate treatment after discussion with you if psychotherapy is no longer effectively utilized or if payment is significantly overdue. I will not terminate the therapeutic relationship without first discussing the reasons for doing so and will assist you with appropriate referrals as needed.

If you do not schedule an appointment for **three consecutive weeks**, and no prior arrangements have been made, I will consider the professional relationship to have been discontinued.

By signing below, I confirm that I have read, understood, and agree to the Practice Policies outlined above.