Konick & Associates

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Practice Policies

The following guidelines have been developed to help you access treatment and care in the simplest and clinically-appropriate manner. It is important that all patients and their families understand these guidelines for continuation of treatment provided by Konick and Associates. We strive to give each client our full attention, and the following guidelines will allow us to provide the best care possible.

APPOINTMENTS AND CANCELLATIONS

All appointments are made in advance by phone, through the client portal, or in person at the time of visit. The standard meeting time for psychotherapy is 50 minutes.

Please remember to cancel or reschedule at least 24 hours in advance. Cancellations and re-scheduled sessions will be subject to a FULL SESSION 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.

In order to maintain an active client status, clients are expected to keep appointments as therapeutically necessary determined by the practice. If you missed three consecutive visits or have not been seen for more than six months, your client status may be inactivated. After that time, an intake may be required before resuming treatment.

We are highly responsive to important clinical issues that need to be addressed outside of scheduled appointment times. Routine questions are best made during regularly scheduled sessions when your concerns can be fully explored. Clients who require frequent or extended phone consultations may be billed for the additional time and effort.

AVAILABILITY

We make an effort to be responsive to important clinical issues that need to be addressed outside of scheduled appointment times. Routine questions are best made during regularly scheduled sessions when your concerns can be fully explored. Clients who require frequent or extended phone consultations may be billed for the additional time and effort.

Routine Phone Calls: If your clinician is not reached directly, please leave a message on their voicemail with your name, a call back number, and a brief message. Phone messages are checked during your clinician’s scheduled days in the office and are returned within 48 hours.

Urgent Phone Calls: Your clinician may or may not be directly available after office hours and/or on weekends for urgent clinical issues. A charge may apply for frequent after hour phone calls.

Emergency Phone Calls: In the case of life threatening emergencies, please directly call 911 or go to the nearest emergency room.

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.

Appointments are required when the following occur:

- Phone calls, faxes or letters sent with communications/updates on how you or your child is doing, with callbacks or consultations requested as a result.
- Discussions/updates regarding the treatment plan or care of a patient.
- In person participation for IEP or 504 meetings.

ELECTRONIC COMMUNICATION

You understand and agree that Konick and Associates will send appointment reminders and notifications of changes to appointments by email, text, and/or voice mail. You understand that statements, invoices, and correspondences will be submitted via electronic means unless otherwise indicated. Email communications may be used to share and exchange information with you, Konick and Associates and its consulting entities.

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. While I may try to return messages in a timely manner, I cannot guarantee an immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

SOCIAL MEDIA

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 would like to “Like” our professional Facebook page, you may do so at your own risk. If you have questions about this, please bring them up when we meet and we can talk more about it. Please note that social media is not a way to contact your clinician, especially in an emergency.

If you would like me to review your or your child’s social media interactions as part of our therapeutic work, please print what you would like me to review and bring it with you to session. Even if you or your child’s social media accounts are public, I will not examine them without your specific consent and direction. Please note that any social media apps you use may seek to connect you with me or others visitors to this office, through a “people you may know” or similar feature. We have no control over apps that may intrude on the privacy of your treatment in this way. If you would like to minimize the risk of others becoming aware of your connection to me or

this office, please make use of the privacy controls available on your phone. Turning off a social media app's ability to know your location, and refusing it access to your email account and the contacts and history in your phone, protect your privacy and confidentiality.

PRE-LICENSED CLINICIANS & DOCTORAL INTERNS

Konick and Associates sponsors pre-licensed post-doctoral psychologists, master's level clinical social workers or counselors, and/or advanced doctoral student interns in clinical psychology ("Associate Clinicians") who may be assigned to work with you and/or your child. Our Associate Clinicians have completed supervised training in individual and family therapy, group therapy, couples counseling, child behavior management, and/or psychological testing and neuropsychological assessment through their accredited graduate program of studies, as well as on-site supervision and training at various clinical sites.

You understand that Associate Clinicians are under the supervision of a qualified licensed clinician at Konick and Associates, for clients seen at or on behalf of Konick and Associates to which they are assigned. The clinical supervisor ultimately has responsibility for the oversight of your assessment and/or treatment plan. As such, you understand and acknowledge that both the Associate Clinician and their supervisor will have access to your client chart and will be discussing the background, history, treatment plan, treatment progress, and/or assessment findings. You agree that the Associate Clinician may audio or video record portions of therapy or testing sessions for the supervisor to review. Any such recordings are solely for the purposes of training and will not be a part of your client file, or made available to anyone outside of the practice. This process will not change the nature or quality of services you receive at this practice.

You understand that certain services by an unlicensed or pre-licensed professional may not be covered by your insurance.

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.

TREATMENT/POLICY CONSENTS

You have the legal right to authorize and you hereby consent for services for yourself and/or your dependent at Konick and Associates, which may include initial evaluation, psychotherapy, psychological assessments, or group therapy.

You authorize communication within the Konick and Associates treatment team, which includes your therapist, covering clinicians, and office personnel in order to provide appropriate treatment.

You understand that appointments not canceled at least 24 hours in advance will be billed to the patient at the full session rate, and cannot be billed to, nor reimbursed by, your insurance company.

You understand that follow up treatment is required on an ongoing basis to provide quality care. Failure to maintain the recommended schedule may impact quality and continuity of care.

You understand that clinicians at Konick and Associates may refer you and/or your dependent to clinicians or services outside of the practice if they feel that cannot provide the necessary treatment.

FINANCIAL CONSENTS/AUTHORIZATIONS

You agree that you have completed the demographic and insurance information to the best of your knowledge, and authorize Konick and Associates to release any medical information (including dates of service, types of service, diagnosis/treatment plans, treatment progress, progress notes) to process your insurance claims.

You understand that you are responsible for contacting your insurance company to obtain benefit information prior to your initial appointment at Konick and Associates.

You hereby assign all medical benefits, private insurance, and any other insurance programs to Konick and Associates. This assignment will remain in effect until revoked by you in writing. You understand that you are financially responsible for all charges, whether paid by your insurance company or not, and you will be responsible for any amounts uncollected by Konick and Associates.

You understand that failure to keep current with payments may cause an interruption in treatment services until a payment plan is arranged or the balance is paid. We reserve the right to terminate treatment for outstanding balances that exceed 90 days. In addition, you understand that you must inform Konick and Associates of any change in insurance coverage. Failure to do so may result in claims not being filed in a timely fashion, and may result in your being liable for any amounts unpaid by your insurance company.

If Konick and Associates has a contract with your insurance company, your insurance company will be billed for the provider portion. Any deductibles, co-pays, and/or applicable fees are due at the time of your office visit. You agree to maintain an active credit card on file, and you authorize Konick and Associates to charge your credit card for any outstanding balance that is not covered by insurance, including any co-payments, co-insurance, deductibles, late fees, and missed appointment charges. Konick and Associates accepts cash or checks at the time of your office visit. The office charges a $35 returned check fee for any checks returned by the bank.

If you are a parent and are unable to accompany your child to an appointment, please send payment with them or maintain your credit card on file. Konick and Associates is not responsible for upholding financial agreements between legal guardians.

If fees are not paid in a timely manner, collection agencies may be utilized in collecting unpaid debts. Konick and Associates will charge a 50% collection fee should your account be turned over to a collection agency. You authorize Konick and Associates to release the demographic information necessary to the collection agency in order to collect payment for services rendered.

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

Signature of Client or Personal Representative	Date
Signature of Minor (age 12 or older)	Date

Rev: 1/14/2022