



PRIVATE PRACTICE POLICIES

APPOINTMENTS AND CANCELLATIONS - Please remember to cancel or reschedule 48 hours in advance. You will be responsible for the entire fee (\$45.00) if cancellation is less than 48 hours. The standard meeting time for individual/family/couples therapy is 50 minutes. Requests to change the 50-minute session needs to be discussed with the therapist in order for time to be scheduled in advance. The time frames for groups will vary depending on the group.

A \$10.00 service charge will be charged for any checks returned for any reason for special handling. Cancellations and re-scheduled session will be subject to a full charge if **NOT RECEIVED AT LEAST 48 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 your therapist between sessions, please leave a message on the number above. Therapists are often not immediately available; we will attempt to return your call within 24 hours during the weekday. Voice mails left Saturdays and Sunday, will be returned by Tuesday at the latest. Please note that face-to-face sessions are highly preferable to strictly phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available. If an emergency arises, please call 911 or any local emergency room. For any other mental health emergencies please call the Illinois Department of Human Services, Crisis Line, 988. This line is available to anyone 24/7.

SOCIAL MEDIA AND TELECOMMUNICATION - Due to the importance of your confidentiality and the importance of minimizing dual relationships, we 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 you meet with your therapist.

ELECTRONIC COMMUNICATION - You decide how to communicate with your therapist outside of your sessions. You have several options: (1) texting/email or (2) secure messaging/communication.

1. Texting and Email: 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. Texting and email are not secure methods of communication and should **not** be used to communicate personal information or therapeutic context.
2. Secure Communication: Secure communications through your client portal is the best way to communicate personal information, though no method is entirely without risk. We can discuss options available to you. If you decide to be contacted via non-secure methods, your therapist will document this in your record.

RECORD KEEPING - At Clear Sky Counseling Services, PLLC, it is required to keep records about your treatment. These records help ensure the quality and continuity of your care, as well as provide evidence that the services you receive meet the appropriate standards of care. Your records are maintained in an electronic health record provided by TherapyNotes. TherapyNotes provides several safety features to protect your personal information, including advanced encryption techniques to make your personal information difficult to decode, firewalls to prevent unauthorized access, and a team of professionals monitoring the system for suspicious activity. TherapyNotes keeps records of all logins and actions within the system.



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. Your therapist may terminate treatment after appropriate discussion with you, if determined that the psychotherapy is not being effectively used, or if you are in default on payments. We will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of termination with you. If therapy is terminated for any reason or you request another therapist, Clear Sky Counseling Services, PLL, will provide you provide with a list of qualified psychotherapists to treat you within the community. You may also choose someone on your own from another referral source. Should you fail to schedule an appointment for three consecutive weeks/ appointments, unless other arrangements have been made in advance, for legal and ethical reasons, we must consider the professional relationship discontinued.

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

Client Signature/Date (Required age 12 and older)

Witness/Date

Guardian Signature/ Date