

Celestial Counseling Practice Policies and Cancellation and No Show Policies

Celestial Counseling LLC

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PRACTICE POLICIES

CANCELLATIONS AND NO SHOWS

Celestial Counseling LLC has a 24 hour cancellation policy. If you cancel less than 24 hours before your scheduled session, you will be charged a \$75 late cancellation fee. If you no show your session, you will be charged the therapist's full rate for a 53 minute session, which is \$150. By scheduling, the therapist is reserving that time exclusively for you, and so the late cancellation and no show fee pays for the therapist's time if the session is not attended. If you are able to reschedule within the same week (in accordance to the therapist's schedule) and you attend that appointment, the therapist will waive the late cancellation/no show fee.

Celestial Counseling LLC has a unbiased cancellation and no show policy, meaning that the late cancellation/no show fee will not be waived under any circumstances expect for if you reschedule during the same week. However, I understand that life happens and certain situations are unplanned, so I offer (1) free waived late cancellation or no show fee in (1) calendar year. This waived fee does not roll over to the next calendar year if unused.

If I cancel your session with less than 24 hours notice, I will provide you (1) late cancellation/no-show waiver in addition to the (1) you receive every calendar year. This waived fee does not roll over to the next calendar year if unused.

APPOINTMENTS

I start my sessions 5 minutes past the time of the scheduled session to accommodate time for me to prepare for your session. The standard meeting time for psychotherapy is 53 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 53-minute session needs to be discussed with the therapist in order for time to be scheduled in advance. We will discuss in session what best meets your needs in terms of length and frequency of sessions.

Sometimes unforeseen circumstances may arise at the end of a session, and as a result, I may be late to your session. I try my best to prevent that from happening, but if that happens, I ask that you allow me 15 minutes to show up for your session. If I am not present 5 minutes past the start of the session time and have not reached out to you, please email me to inquire about the status of your session. If I am present after 15 minutes, you are welcome to still chose to have the session, or we can discuss rescheduling if that is your preference.

If you know you will be late for your session, please let me know as soon as you are able. You will be able to start your session until 15 minutes past the time of the scheduled session. If I don't receive notification from you, I will text you at your primary phone number and email you around 10 minutes after the

scheduled start time. After 15 minutes, the session will be considered a late cancellation or no show and will be subject to the appropriate fees unless rescheduled in the same work week.

SCHEDULING

I schedule out my clients in 3 month increments (Jan-Mar, Apr-Jun, Jul-Sep, Oct-Dec), in order to help my clients secure a day and time that works best for them. You are not obligated to schedule 3 months at a time, however I can not hold a particular slot for you if you decide to not schedule in advance. Please be mindful of this when deciding whether or not to schedule out. It is always easier to cancel than to schedule last minute.

I do not do same day scheduling unless it is clinically considered a crisis. If I am unable to see you, please utilize 988 to be connected to a mental health professional.

For legal and ethical reasons, I do not see clients "as needed". At the minimum you will need to be seen monthly to maintain therapy services. The exception to this is if you will be out of the state for a prolonged period of time, and we have come to an agreement of you being on hold for therapeutic services. The longest I will keep your chart open is 3 months, which after that there will be termination of services if you do not reengage in sessions.

EMERGENCY PROCEDURES

I understand that in the event of a mental health crisis or emergency, I should contact emergency services or utilize available support resources, such as hotlines including 988 or crisis intervention services.

CONTACTING THE THERAPIST

If you need to contact me between sessions, please email me at kamillah@celestialcounseling.com or contact me through your SimplePractice client portal. You are also welcome to call or text me at (804) 384-0093. I will attempt to return your email, message, call, or text in a timely manner. If a true emergency situation arises, please call 911 or any local emergency room.

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 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 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. This is also outlined more in the Informed Consent for Psychotherapy for Parents/Guardians and Minors.

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 may also terminate treatment if it is found you need a higher level of care (in-person therapy or other therapeutic services) or it is found you need help with an issue I am not qualified to assist with. 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. While a termination session isn't necessary, I would love to be able to have the opportunity to wrap up with you! However if you decide you want to terminate and don't want a terminate session, I ask that you let me know so I can do what is needed for termination on my end. If you return to services and it's been longer than 3 months, a new intake must be completed and the client paperwork must be resigned.

NON-COMPLIANCE

Therapy works best when both the client and therapist show up and are present for the session. If you cancel, late cancel, or no show an appointment 3 times in a row, any subsequent appointments will be cancelled and you will be terminated from services. If you cancel your remaining sessions and have not communicated with me, I will reach out 3 separate times by email and/or text to inquire if you want to continue services. If I do not hear from you by the indicated date on my 3rd email, you will be terminated from services.

REQUEST FOR DOCUMENTATION/LETTERS

I am unable to fulfill requests for letters including for an ESA (emotional support animal), and gender-affirming care at this time. If that is something you need during the course of therapy you will be referred to another therapist or appropriate resource. If you desire disability documentation, or FMLA (Family and Medical Leave Act), please know that I require a minimum of 4 sessions before agreeing to complete the paperwork. I can also not guarantee I will sign off on the request if I find it is not clinically appropriate. I am able to provide an excused absence letter for your place of employment or school if needed.

LEGAL INVOLVEMENT

I am unable to testify for you in court, or be involved in legal matters outside of having your records subpoenaed by the courts. I can provide a letter of your therapy compliance if needed. If you are looking for a therapist to be more involved in a legal matter, we will discuss termination of services and more appropriate referrals. Furthermore, if I am legally required to appear as a witness or to otherwise perform work related to any legal matter, the party responsible for my participation agrees to reimburse me at the rate of \$300 per hour for time spent traveling, speaking with attorneys, reviewing and preparing documents, testifying, being in attendance, and any other case-related costs.

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