Embodied Living Counseling
140 Point Judith Rd, Suite 23
Narragansett, RI 02882-3477
Phone: 401-250-2731 | Fax: 401-386-3443

Practice Policies

Client's Name: _____ Client's Date of Birth: _____

* indicates a required field

* APPOINTMENTS, CANCELLATIONS, AND LATE CANCELLATIONS: Please remember to cancel or reschedule 48 hours in advance. You will be responsible for a $95 out-of-pocket fee if you miss or late-cancel your appointment. This is necessary because a time commitment is made to you and is held exclusively for you. If you are ten or more minutes late for a session, you will not be able to meet with your therapist and will be charged our no-show fee. In the past, we have been able to offer same week appointments when available, however, due to an increase in need for mental health services, Embodied Living Counseling, LLC only is able to offer same week appointments for crisis situations. Your next appointment will not be scheduled until your missed or late canceled appointment fee is paid in full or a payment plan is set up.

☐ I have read and understand.

* STANDARD SESSION LENGTH: The standard meeting time for psychotherapy sessions are between 45 to 60 minutes.

☐ I have read and understand.

* TELEPHONE ACCESSIBILITY: If you need to contact your clinician between sessions, please leave a message on their voicemail or reach out via our secure message through your client portal. Our therapists are not required to be available on non-working days; however, will return your call within 24 hours of returning to the office. If you have reached out to your therapist and have not received a response during a crisis situation, please reach out to our main office at (401) 250 - 2731 during the hours of 8 am to 4 pm Monday through Friday to schedule a crisis appointment either with your therapist or another clinician on staff. If a true emergency situation arises or you are having thoughts of suicide or homicide, please call 911, 988 or present to any local emergency room for evaluation immediately.

☐ I have read and understand.

* INSURANCE AND OUT OF POCKET COSTS: Psychotherapy sessions not covered by insurance will be billed at a rate of $225 per initial Assessment/Intake session, $150 per 45-minute session, $175 per 60 minute session, $100 per 30 minute session, $200 per Family/Couples session, and $200 for a 60 minute Crisis session. Our practice will screen your insurance prior to your first session as a courtesy. That being said, you should communicate with your insurance company about the cost of treatment related to your deductible, copay or coinsurance prior to your session. If your insurance changes and there is a failure to inform the practice prior to your session OR if there is an issue with your insurance which you are needed to contact your insurance provider in order for payment to be remitted, and you fail to do so, you will be responsible for paying the full session rate as outlined above. These fees will be charged to your credit card on file.

☐ I have read and understand.

* PAYMENT & CARDS ON FILE: Embodied Living Counseling, LLC requires that we have a credit card or HSA card on file for collection of copays, co-insurance, deductible, and out of pocket fees. All fees are collected following your appointment with your therapist. Therapists are not expected to collect copays, co-insurance, deductibles or out of pocket fees, which allows them to focus solely on your treatment. All credit card information is stored in and billed through our encrypted HIPAA compliant EHR. (The only exception to this rule is for clients with Medicaid Insurance Plans.)

☐ I have read and understand.

* SOCIAL MEDIA AND TELECOMMUNICATION: Due to the importance of your confidentiality and the importance of minimizing dual relationships, our therapists do not accept friend or contact requests from current or former clients on their personal social media or networking sites (i.e. Facebook, Instagram, TikTok, LinkedIn, etc.). It is our belief 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 discuss them with your therapist.

☐ I have read and understand.

* 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 session cancellations, we can do so. Our therapists will attempt to return messages in a timely manner during their work hours. 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. We encourage you to utilize the secure message option client portal for confidential communication with your therapist.

☐ I have read and understand.

* SUBSTANCE USE: Embodied Living Counseling, LLC is a substance free facility. We define substances as any of the following: alcohol, marijuana, street drugs, mushrooms, opioids, medication not prescribed to you, etc. We ask that you please refrain from using substances in the building, this includes vapes, dap pens, and gummies. Please do not present to your session under the influence. If you do present to session under the influence, per the Social Work and America Mental Health Counselors Association Code of Ethics, we will not be able to meet, and you will be charged a no-show fee.

☐ I have read and understand.

* MINORS: If you are a minor, your parents may be legally entitled to some information about your therapy. Your therapist will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

☐ I have read and understand.

* 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 they determine that the psychotherapy is not being effectively used or if you are in default on payment. Your therapeutic relationship will not be terminated without first discussing and exploring the reasons and purpose of terminating unless your therapist is unable to get a hold of you for several weeks. If therapy is terminated for any reason or you request another therapist, we will provide you with a list of qualified psychotherapists both in and out of our practice based on your needs by request. You may also choose someone on your own or from another referral source.

☐ I have read and understand.

* APPOINTMENT SCHEDULING AND DISCHARGE: Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, or miss three appointments in a period of 3 months, for legal and ethical reasons, we will consider the professional relationship discontinued and you will be discharged.

☐ I have read and understand.

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

I consent to sharing information provided here.

Client Name: _____ Client DOB: _____

Client or Parent/Guardian Signature: _____

If a parent/guardian is signing, please input your name below: _____

Date: _____