Rachel Benson Monroe, LMHC

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Office Policies and Procedures

Welcome to my practice. Please read this guide carefully and discuss any questions or concerns with me!

Services Offered: I offer a variety of psychotherapy and counseling services, including individual therapy for adolescents, and adults, family therapy, group therapy, and consultation. If we decide it to be clinically necessary, referrals can be made for medication management, primary care and/or nutrition counseling. I recommend clients being treated for major medical conditions (including eating disorders) be seen regularly by their chosen medical provider.

Psychotherapy Benefits and Risks: Since therapy often involves establishing healthy means of coping with distressing matters, you may experience uncomfortable feelings like anger, sadness, guilt, frustration, loneliness, and helplessness. Learning how to better manage these experiences in the context of a psychotherapeutic relationship can improve relationships, change behaviors and reduce distress. There are no guarantees how your psychotherapy will progress or its outcomes. It is your responsibility to alert me at any time if you find the process to be misdirected or unmanageable.

Minors: Generally, the treatment of a minor child (under the age or 18) must be authorized by a parent or legal guardian. It is my policy to treat minors only with the consent of both parents, to the extent both are available. If one parent is unavailable and we determine it is appropriate to proceed with the consent of only one parents, the absent parent will have the right to the child's treatment records upon request. If both are available but cannot reach agreement about treatment and access to records, it is the responsibility of the parents to resolve their differences through a court hearing prior to instituting treatment. Parents have the authority to access and release the child's confidential treatment records

Health Insurance Coverage: I will soon be an in-network provider with BCBS. Health insurance policies cover the services that I offer, nevertheless, co-pays, annual deductibles, and other limits vary widely. It is up to you, as the policy holder, to read your policy carefully and be aware of coverage limits. If services are covered, I will bill your insurance carrier directly. If you do not have insurance or your insurance coverage does not cover my visits, payment is expected at the time of service. If your insurance changes during our course of treatment, please notify me at your earliest knowledge to ensure continuity of care. If you have other types of insurance, please call your insurance company and learn about your out-of-network benefits. Also ask whether you have an out-of-network deductible, and if so, if you have met your deductible already this year.

Payment & Balances: My fee is $160.00 initial assessment (50-60 minutes) and $150.00 for ongoing sessions (50-60 minutes). Co-payments and fees not covered by insurance are due at the time of your appointment unless otherwise arranged. I accept Cash, Checks and Credit Cards. I ask a credit card be kept on file for remote sessions and cancellations with less than 24 hours. If paying by credit card or check, I will process your payment within 7 days of receipt. Please ensure the availability of sufficient funds. If a check is returned, a $20 bank fee will be charged. Delinquent accounts over 90 days will be sent to collections. *I have a small number of lower fee appointments for uninsured and underinsured people who otherwise could not afford therapy.* There is a waitlist for low fee hours. (Underinsured means you have insurance but cannot afford the costs of using your insurance.) In the course of our work together, please let me know if

you have significant changes in your financial circumstances that impact your ability to pay for therapy. If you are paying a lower-fee please let me know if you become able to increase your fee, thereby allowing someone else to benefit.

Fee re-assessment & changes: Once a year on January 1st I reassess my fee schedules. In the event my fees increase, I will notify you two months in advance of fee increases.

Messages: You may leave voicemail at any time. I return phone calls within 24 hours during normal workdays (Monday through Friday). I return calls received on Friday evening through Sunday evening on Monday. You may contact me via email concerning logistical questions such as a need to reschedule. I will return your email within 24 hours, Monday through Friday.

Appointment Scheduling and Cancellations: I request at least 24 hours notice, not including weekends, for cancelled appointments. Appointment slots are specific times I have reserved for you. If you need to cancel or reschedule an appointment, I ask that you give me as much notice as possible via text or voicemail message at (617) 942-1065 or via email to rachelbmonroelmhc@gmail.com. If you cancel with less than 24 hours notice, I will request a flat $75 fee for your missed appointment. I ask clients provide a credit card number to be kept on file to be charged in the event of a cancellation with the less than 24 hours.

The only exceptions to this cancellation policy are debilitating illnesses, illness of dependent child or severe illness of an immediate family member, car accidents, and extreme weather. Please understand that everyone has contingencies in their lives, from unexpected business meetings to exams to flight delays, and I am unable to absorb the lost clinical time resulting from such eventualities. Exception is made for severe weather: There is no late-cancellation fee in the event of unsafe travel conditions due to severe weather. Please text or call me (617) 942-1065 if you are concerned about travel safety. In the event Belmont institutes a parking ban, I will contact you to discuss re-scheduling our appointment.

Remote therapies: Therapy via video-conferencing and internet-based technologies has been repeatedly shown to be as effective as face-to-face therapy in reducing symptoms of anxiety and depression. However, there may be situations where I no longer believe it is beneficial or appropriate to continue meeting remotely. If I develop concerns about your emotional stability and/or safety, I will initiate a dialogue with you about alternatives for local face-to-face therapy, additional supports, and safety planning. If using insurance, please check your plan for eligibility and coverage prior to initial request for services.

Technological issues: Remote therapy offers the flexibility of engaging in services from home or when you are traveling. It also can demand flexibility when there are internet connection problems. I make every effort to ensure a robust broadband connection on my end, however, there may times when technology disrupts a session or interrupts communications. If we agree that an internet or phone connection significantly reduced the quality of a session, we will make up that time at no additional fee.

Confidentiality: Psychotherapy services are provided best in an atmosphere of trust. Nevertheless, I am required by law to make exceptions to this confidentiality in certain circumstances, such as suspicion of child abuse, or immediate danger to yourself or others. Please refer to the Notice of Privacy Policy for further information.

Email: I prefer to use email only for scheduling appointments. Please do not email me content related to your therapy sessions, as email may not be completely secure or confidential. If you choose to communicate with me by email, be aware that email is retained in the logs of your and my Internet service

providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider.

Phone Check-ins: When needed, I offer one phone check-in per week in between appointments. These check-ins are free of charge, and last 10 minutes. If it is clear that more time is needed during the call, and my schedule allows us to continue, I will pro-rate a partial or full phone session. Please be aware that phone sessions are unlikely to be reimbursed by your insurer and I will ask for payment at the time of the phone session.

Emergencies: If you have a medical emergency, please call 911 immediately. If you are experiencing a psychiatric emergency, I ask that you present at Mt. Auburn Hospital which offers 24/7 specialized emergency psychiatric assessment or proceed to your nearest ER. If needed, I may recommend we develop a comprehensive plan to help support crisis situations outside of sessions.

Additional Services: Writing reports, attending meetings in-person or by phone or providing other services on your behalf is billed at pro-rated hourly fee ($150/hr), and is usually not covered by insurance. In general, I will resist participating in concurrent legal processes in the belief that doing do so is likely to undermine the therapeutic relationship. However, if you require that I participate in legal processes, you will be expected to pay for all professional time, including preparation and transportation costs, at an hourly fee. In this case, all anticipated costs will be due as an advance retainer, even if we are called to testify by another party. These services are not covered by your insurance.

Social networks: To ensure confidentiality, I do not 'friend' or 'follow' current or former clients on any social networking sites. I will not respond to any invitations via social networking.

Endings: You may end psychotherapy or ask for a referral to alternative services at any time. All relationships come to an end and it is my practice to support our having a positive ending.

Informed Consent Agreement

I have read and agree to each of the previous sections of the agreement. I have had an opportunity to discuss any questions or concerns. By signing below, I indicate that I understand and agree to the terms of this agreement. *Please note if the parents of an underage child (the client) are divorced, both parents need to be aware of and consent to treatment.

Client Signature: _____ Date: _____

Client Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____