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2900 NE 60th St, Ste 206, Gladstone

**Kansas**  
7223 W 95th St, Ste 220 & 300, Overland Park  
25255 W. 102nd Terrace, Suite 200, Olathe

## Practice Policies

Client Name:

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*Adrienne Warren, LPC, LCPC; Alexandra Leeds-McCleary, LMSW; Alyssa Roberts, LSCSW; Amy Treadwell, LPC; Andrea Marchant Dominguez, Student Intern; Andrea Stark, LCPC; Angella Snyder, LMFT-T; Bailey Jacobs, LCPC; Bethany Young, PLPC; Carlie Watkins, PLPC; Christina Wright, LMSW; Ciara Frazier, Student Intern; Dianna Herzinger, LPC; Elizabeth Wagner, PLPC; Erica Vermillion, LPC; Falisha Scott, PLPC; Heather Ronnebaum, LPC; Jacqueline Evans, LCSW; Jennifer Schulte, LPC; Julian Coker, LMSW; Junhee Yoon, LMSW; Kelley Denham, LSCSW; Kyla Schweitzer, LSCSW; Lebeka Fox, LCSW; Lindsay Smith, LPC; Marissa Giffen, PLPC; Mebble Maseko-Hinson, LPC; Morgan Bembry, LMSW; Pamela Silver, LPC; Stephanie Gilbert, Student Intern*

### APPOINTMENTS

The standard meeting time for psychotherapy is 50 minutes. It is up to the client, however, to determine the duration of their sessions. Requests to adjust the 50-minute session must be discussed with the above-named therapist, and prices will adjust accordingly. Appointments can be scheduled weekly, biweekly, or to another frequency agreed to with your therapist

### CANCELLATION POLICY

#### CANCELLATIONS - COMMERCIAL INSURANCE/SELF PAY

**Missed or canceled appointments will be charged at the full fee per session. This fee is not billable to insurance companies.**

You will be granted 1 (one) courtesy canceled appointment with a 24 hour notice, per 3 months at no charge. This occurs on a quarterly basis with the following schedule: January/February/March, April/May/June, July/August/September, and October/November/December. These cannot be carried over from one quarter to the next. There will be no special consideration for vacations, summer camps, etc.

These courtesy "missed" appointments are to account for unforeseen events and illnesses. Any further missed appointments REGARDLESS of reason will result in the full fee. Please manage your calendar around your committed therapy sessions. **If a session is missed or canceled without a 24 hour notice, you will be charged the full rate - this includes the first scheduled intake session.**

If you would like your fee to be waived, you must reschedule an appointment that is prior to your next regularly scheduled appointment. If you are on our schedule more than 1 time per week we will allow you to make up your appointment over a 2-week period. Rescheduled appointments are only available if we have a slot open. We do NOT guarantee to have make-up slots as openings are dependent on our current caseload. If we do not have an available slot or you choose NOT to reschedule, you will be charged the full fee. If you are consistently not able to make your recurring appointment time and call weekly to reschedule, we will ask that you change to a time you can attend.

**This policy will be strictly enforced, and you will be billed for the missed/canceled appointment.**

### **CANCELLATIONS - MEDICAID CLIENTS**

Missed or canceled appointments will result in dismissal or placement back on the waiting list. *We CANNOT bill your insurance for missed appointments.*

You will be granted 1 (one) courtesy missed appointment per 3 months with no penalty. This occurs on a quarterly basis with the following schedule: January/February/March, April/May/June, July/August/September, and October/November/December. These cannot be carried over from one quarter to the next. There will be no special consideration for vacations, summer camps, etc. These courtesy "missed" appointments are to account for unforeseen events and illnesses.

As part of our contract with Medicaid, we CANNOT bill you for missed appointments. Therefore, any missed appointments that are not made up or that cannot be made up will result in placement back on our waiting list. Due to our high waitlist numbers, we cannot make any exceptions to this policy.

If you would like your absence to be waived, you must reschedule an appointment that is prior to your next regularly scheduled appointment. Rescheduled appointments are only available if we have a slot open. If we do not have an available slot or you choose NOT to reschedule, the absence will count toward your 1 missed appointment per quarter. If you have already used this courtesy "missed" appointment you will be placed on our waitlist. **PLEASE USE YOUR "FREEBIE" IN EMERGENCY SITUATIONS ONLY TO PREVENT LOSING YOUR SPOT.**

**This policy will be strictly enforced.**

### **LATE POLICY - SELF PAY**

If a client is LATE for a session, the client will lose some of their session time but be charged the full fee.

### **LATE POLICY - COMMERCIAL INSURANCE / MEDICAID CLIENTS**

Medicaid & Commercial insurance Clients will be granted 3 (three) chances to arrive to a session late, per year. It is imperative that clients reschedule in advance as appointment times are held and reserved exclusively for that client.

### **CANCELLATION POLICY EXCEPTIONS**

You will not be charged in the following situations:

- Cancelled appointment due to Attachment and Trauma Therapy dba Fox Child and Family Therapy's fault (i.e., sick therapist, training that requires us to close clinic, etc.).

- Cancelled appointment due to inclement weather: Attachment and Trauma Therapy dba Fox Child and Family Therapy will determine clinic closing based on safety of travel. All clients will be notified if your appointment is cancelled for that day.
- Cancelled appointment due to an Attachment and Trauma Therapy dba Fox Child and Family Therapy recognized Holiday: hours/days will be posted.

## **TELEHEALTH**

We offer telehealth appointments. This is a great option to utilize if you're unable to keep your weekly scheduled appointment. If a telehealth session is scheduled, your missed appointment will not count against you for the quarter. This can include a Google Meet session with your therapist and will be charged and billed through your insurance or whatever billing arrangements have been set up.

Please sign acknowledging receipt of this policy. Your signature is not required for implementation of this policy. We do, however, want you well informed of our policy. This policy may be amended/updated at any time. Attachment and Trauma Therapy dba Fox Child and Family Therapy will post the most current Missed Appointment/Cancellation Policy in our office.

## **ADDITIONAL INFORMATION FOR INSURANCE CLIENTS**

We reserve the right to pause services if any issues with insurance eligibility and benefits arise. If you do not inform us of insurance changes prior to your appointment, you may be responsible for the session.

## **TELEPHONE ACCESSIBILITY**

If you need to contact your therapist between sessions, please leave a message on his/her voicemail. Your therapist may not be immediately available; however, he/she will attempt to return your call within 24 hours. Please note that face- to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available. 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, 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.

## **RECORDINGS IN SESSION**

At certain times it may be necessary for a therapist or intern to record the therapy sessions. This may be for treatment purposes such as submission to clinical supervisors, completion of degree requirements, etc. Anytime recording may occur it will be explained to you beforehand and require your explicit consent. You are not required to consent to recording your child or yourself. Refusal to allow recording may impair your ability to see a specific therapist or intern.

## ARTIFICIAL INTELLIGENCE (AI)

As part of our health care operations, we utilize HIPAA-compliant artificial intelligence (AI) technology to record therapy sessions for the sole purpose of generating accurate and efficient session notes. These recordings are securely processed to create documentation that supports your treatment and complies with clinical standards. All recordings are automatically and permanently deleted in a timely fashion after the notes are generated and reviewed, with no storage of audio or raw data beyond this process. This technology is provided by a HIPAA Business Associate who has signed a Business Associate Agreement ensuring the protection of your protected health information (PHI). We do not use your PHI to train AI models. This practice is fully compliant with HIPAA regulations (45 CFR Parts 160 and 164).

### How Do We Use AI

AI tools are employed strictly for administrative and supplementary support tasks under the direct supervision of your therapist. These tools do not provide therapy, make independent clinical decisions, or interact with you directly.

The specific purposes for which we may currently and in the future use AI include:

- **Drafting and Organizing:** Assisting your therapist in drafting and organizing session notes.
- **Scheduling and Reminders:** Managing appointment scheduling and/or sending reminders.
- **Financial Processing:** Processing billing and insurance claims.
- **Therapy Insights:** Analyzing data to identify therapy trends and track progress, always reviewed by your therapist.
- **Business Operations:** Analyzing business information and generating reports or trends to help manage the business.
- **Resource Identification:** Helping to identify and organize external resources or referrals for your use.

### Prohibited AI Uses in Our Practice

Our practice will *never* use AI for the following:

- Making autonomous therapeutic decisions or diagnoses.
- Directly providing therapeutic advice to clients.
- Generating treatment recommendations without the direct oversight, approval, and input of your licensed therapist.
- Detecting or interpreting client emotions or mental states.

## ELECTRONIC COMMUNICATION

We cannot ensure the confidentiality of any form of communication through electronic media, including text messages. While we may try to return messages in a timely manner, 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. As a result, we will not reply to you via unsecure means (anything besides Therapy Appointment secure messaging). However, we will reply via Therapy Appointment secure messaging. (Unless you sign our HIPAA form and keep your phone number up to date. However, we still won't discuss private things there.)

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, improve 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 to the therapist.

## **MINORS**

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

## **BEHAVIORAL EXPECTATIONS**

Our clinicians prioritize client safety and well-being. In cases where a client's behavior presents potential dangers to their physical health, we will work closely with parents or guardians to discuss strategies for preventing harm. Our staff are not trained in physical restraint and will not use it under any circumstances.

Additionally, we maintain a safe and respectful environment for all. We do not tolerate misbehavior from parents, guardians, or other adults, including but not limited to threatening speech, cursing, harassment, or stalking of any kind. Such behaviors may result in immediate termination of services and, if necessary, involvement of appropriate authorities to ensure the safety of our staff and clients.

## **LOBBY EXPECTATIONS**

No child under the age of 12 should be without the supervision of a parent or legal guardian in any of our lobbies or hallways. No child under 12 may at any point be dropped off by a parent, guardian, case-worker, or family member. At the therapist's discretion, parent/guardian supervision in the lobby may be requested for minors over the age of 12, for the safety of the minor and other children who may be in the lobby. *Reasons for such a request may include but are not limited to: trauma history, history of violent behavior, physical or intellectual impairments which may leave the child particularly vulnerable.*

## **DIVORCE AND CUSTODY**

Your provider is not a custody evaluator and cannot make recommendations on custody. They may refer you to a list of licensed professionals with training and experience in custody evaluation if needed. The provider requires a copy of the current, standing court order showing custodial rights for each parent and/or the parenting agreement that is signed by both parents and the judge at the first intake session before the provider is able to meet with your child. The provider will need to communicate with the parent who has legal, custodial rights to make medical decisions before the provider sees your child for evaluation or treatment. They will need to obtain written consent from the legal guardian(s) for the child to participate in counseling. It is preferred as best practice to have contact with both parents prior to seeing the child.

## **TERMINATION OF SERVICES**

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. We may terminate treatment after appropriate discussion with you and a termination process if we determine that the psychotherapy is not being effectively used or if you are in default on payment. We 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, we 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, 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.**

Name:

Relationship to Client (if client is a minor):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date