

# Practice Policies

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ALICIA PHONSURIN, LCSW,

575 EAST LOCUST AVE SUITE 101 FRESNO, CA 93720 (559) 314-2304.

## PRACTICE POLICIES

### CLIENT PORTAL

For convenience to you, the client, and myself, the psychotherapist, you will be emailed a link to access a HIPAA compliant online site where you can securely manage your appointments, billing information, electronic messaging, documents, and so much more. Your link will contain a password to unique to you, and you are able to change it once you log in and set up your account.

**\*\*Updated form as of 6/27/2023\*\***

### FEES FOR SERVICES

If you are not using your behavioral health benefits through your insurance company or do not have insurance, my standard fees for in-person and tele-behavioral health therapy are as follows.

Initial intake session consisting of 60 minutes is \$170.00

60 minute session is \$160

30 minute session is \$80

15 minute documentation fee is \$40

### PAYMENT:

I accept cash, check, debit card, credit cards, and out-of-network insurance. I am a contracted provider with Halcyon, Optum/United Health Centers, Beacon and MHN insurance plans and I can provide a super-bill for insurance reimbursement if accepted by your individual insurance plan. You are responsible for following up with your insurance company to determine which option fits for you. A \$25.00 service charge will be charged for any checks returned or declined for any reason.

If you do not have insurance, but are in need of a sliding scale for services due to economic hardship, please contact me prior to scheduling your appointment to discuss your hardship further with me. You will need to income tax statement with you to your appointment. The rates will remain in effect until your hardship is resolved as determined following reviews and discussions with you every three months.

### APPOINTMENTS AND CANCELLATIONS

Please remember to cancel or reschedule 24 hours in advance. You will be responsible for the entire fee if cancellation is less than 24 hours.

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.

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 \$100 charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. Such amount will be deducted from your credit card on file. If you are unable to pay the cancelation fee at the time of the canceled session then I will not be able to schedule a new session time until this fee is paid. If you are late for a session, you may lose some of that session time.

### GOOD FAITH ESTIMATE

This GOOD FAITH ESTIMATE explains how much your medical care will cost. Under the law health care providers need to give patients who don't have insurance or who are not using insurance an estimate of the bill for medical items and services. You have the right to receive a Good Faith Estimate for the total expected cost

of any non-emergency items or services. Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises)

## CREDIT CARD

**When paying with a credit card, you authorize scheduled charges to your credit card for regularly scheduled appointment fees, missed appointment fees, late cancellation fees, the balance of fees denied by your insurance company, and/or not paid by your insurance company within 90 days of date of service.** You authorize these charges to your card beginning the first date of service until 90 days after termination of services. If you have questions about these charges, you agree to contact me, **Alicia Phonsurin, LCSW**. You agree that you will not pursue a refund directly through your credit/debit card company, bank, or financial institution. If any of your actions yield a chargeback for any reason, you agree to pay any and all penalty fee(s) incurred by me. **Credit cards are processed by either Stripe or Ivy Labs only; both of which are HIPAA compliant companies.** A credit card must remain on file for all clients; however, you may pay for your services.

## INSURANCE

If I am an in-network provider with your plan, I will submit claims for you, but at our session you must pay any portion not covered by your plan. If I am NOT a provider for your plan, you will pay me in full at your session and I can give you a "Superbill" so that you can seek reimbursement from your plan if eligible for Out-Of-Network services. **Charges not covered by your insurance, remain your responsibility.** All payments are due at the beginning of each session. You can save your credit card/health care flex card information to your Client Portal for convenience.

**TELEPHONE ACCESSIBILITY** If you need to contact me between sessions, please leave a message on my voice mail. I am often not immediately available; however, I 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, 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.

#### COURT TESTIMONY

Unless compelled by the court, I will not testify in court on behalf of the Insured or Client. In the event that I am petitioned to testify on your behalf or your minor's behalf, you will be charged a minimum of \$2000 for two days of lost wages, report preparation, and time spent needed to review your case. This fee will be due by cashier's check seven (7) days before the court date. I require a scheduled court date fourteen (14) days before the court date in order to prepare myself, my practice, and my clients who will need to be canceled in order for me to attend your court hearing. I will not be "on-call" for court. Sometimes a hearing can last more than two days. The fee for each additional day of time required in court is \$1500 due the day before the court date by cashier's check. All cashier's check will be paid out to me, Alicia Phonsurin, LCSW.

#### 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 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.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

#### Three Oaks Wellness Collaboration:

Three Oaks Wellness Collaborative is a suite shared by multiple wellness providers who are in business for themselves, but sharing physical space, resources, knowledge, and share the common goal of helping their clients to grow stronger. Please speak to me directly with any questions regarding the practice of my business, confidentiality while in the Collaborative Office set up, or concerns while waiting in the shared client waiting room.

I, Alicia Phonsurin, LCSW 71173, as sole owner of my psychotherapy practice, declare myself as both the Privacy Officer and Security Officer. Feel free to contact me directly with any questions regarding the privacy and security of your records as a client in my practice. Please be aware that The Ring and Matson alarm cameras are monitoring the waiting room area.

#### NOTICE TO CLIENTS

*The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of Alicia Phonsurin, LCSW 71173. You may contact the board online at [www.bbs.ca.gov](http://www.bbs.ca.gov), or by calling (916) 574-7830.*

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