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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 unique to you, and you are able to change it once you log in and set up your account.

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 services are as follows:

Initial intake session consisting of 75 minutes is \$170.00

60 minute session is \$150.00

45 minute session is \$115.00

50 minute couples/family session is \$150.00

30 minute session is \$75.00

Group fees are \$45 for the 1.5 hour session.

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 bring your most recent federal income tax statement with you to your appointment. The rates below will remain in effect until your hardship is resolved as determined following reviews and discussions with you every 3 months.

The sliding scale for a 45 minute session is as documented below:

Income of \$0-60k= \$60

Income of \$60-80k = \$80;

Income of \$80-100k = \$100; &

Income of \$100-\$120k = \$120

APPOINTMENTS AND CANCELLATIONS

You may schedule appointments up to two months in advance. The standard meeting time for psychotherapy is 60 minutes. Please note that if you are using insurance, your insurance may designate the length of time that you will receive (the standard being 45 minutes). All sliding scale appointments are 45 minutes in length.

Life happens for all of us, and we may need to reschedule at times. Please remember to cancel or reschedule 24 hours in advance so that your appointment time can be offered to another client in need of services. You will be responsible for the cancellation fee of \$50 / \$20 for group cancellation, or that which has been agreed upon with your insurance, if cancellation is less than 24 hours. In the occasion that I may need to cancel an appointment, I will attempt to reschedule you within the same week; otherwise, as soon as conveniently possible by both parties. I will review specific situations individually in regards to unexpected illnesses or unpredictable challenges.

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 **Enedina Robles, LCSW, PMH-C**. 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 your provider. 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 by cash.**

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. You can read more information on the use of Insurance on my website, www.erobleslcsw.com, INSURANCE 101 page under the SERVICES & RATES main page, and/or call your Insurance for more information.

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 2 business days. 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 may be 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. Business pages on social media are public accounts and do not meet this agreement.

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 only through the Client Portal. Please do not text the office phone or email me directly. 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 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 I, as 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 to 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. If you are the parent/guardian of a minor, kindly remember that the content of your minor child's therapy is protected by confidentiality laws, with the exception of high risk behaviors, including suicidality, homicidality, grave disability, or harm to their property or someone else's.

COURT TESTIMONY

It is my goal to provide you with an opportunity to improve your emotional and mental health. It is not my role to conduct custody evaluations, determine whether a parent is "fit" or not, recommend one parent over the other, nor focus on custodial matters. I will not testify in court, unless compelled by the court. In the event that I am petitioned to testify on your behalf or your minor's behalf, you will be

charged \$1800 for two days of lost wages, report preparation, and time spent needed to review your case.

TERMINATION

It is my ethical duty to provide therapy only when your issues are within the scope of my training, when I feel you are actively participating in treatment, and when I feel you are benefiting from the work that we are doing in therapy sessions. 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 week or fail to make your payments, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

DISCLAIMER

I am not legally responsible for care relied from professionals that I refer you to. Our agreements do not involve other providers in the suite, who operate solo practices (we are not a group).

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

CLIENT: _____

DATE: _____