

Welcome to Simply Sukoon!

This document contains important information about the professional services we provide as well as our business policies. Signature on this document indicates an agreement to abide by the contents of this document.

Please read it carefully and if you have any questions, please contact me at contact@simplysukoon.com.

Practice Policy & Informed Consent

General Information

The therapeutic process is unique because it is highly personal and at the same time a time and contractual agreement. It is important for us to reach a clear understanding about how this relationship will work and what each of us can expect from it. This document will provide a clear understanding of our work together. Please read it carefully and reach out to me if you have any questions or concerns.

The Therapeutic Process

The therapeutic process is a partnership between client and therapist where they work together to assist the client on areas of dissatisfaction in their life or assist them with their life goals. As a client, the outcome of this process depends on a number of factors such as your level of motivation, your desire to change, keeping appointments, putting forth effort to complete tasks agreed upon during your therapeutic sessions, and your willingness to be open with me and engage in this process.

The therapeutic process may have benefits and risks. It very often involves discussing and opening up about difficult and unpleasant aspects of your life. You may experience strong feelings of anger, depression, anxiety, sadness, guilt, etc. when remembering unpleasant events and becoming aware of feelings attached to those events. You may make changes in your life during the therapeutic process that may be hard to accept by others in your life. It is possible that this can put a strain on your relationship with family, friends, and romantic partners. Your problems may worsen immediately after starting therapeutic services prior to you seeing improvement in your life. These changes and risks are expected when making important changes in your life.

Despite these risks, research shows that therapeutic services may be beneficial and can lead to improvements in mental health, interpersonal relationships, communication, and problem-solving skills. However, it is important to understand that there are no miracle cures and the therapist cannot promise that your behavior or circumstance will change.

Counseling Session(s) & Attendance

Since the counseling process is unique to each individual and client, the first few sessions may be spent assessing your personal therapeutic needs and goals. These sessions are important and designed to ensure that you are comfortable with your therapist and that further sessions are beneficial and comfortable for you. You may choose to continue or choose an alternative path forward for your mental health needs.

Due to the nature of the first counseling session, it may feel quite different from the general expectations of what “counseling” is. There are a number of specific questions that are designed to understand you and your mental health needs. The first session can last up to 75 minutes.

After the first counseling session, subsequent counseling sessions will be scheduled at an interval agreed upon by you and your therapist. Each subsequent session can last between 30-50 minutes. After you and your therapist have agreed upon goals for your counseling sessions, your therapist will prepare a written treatment plan. Please keep in mind that goals may change through the course of your therapeutic journey and these goals will be discussed between you and your therapist. The theory and therapeutic approach may vary during the course of our counseling sessions and if you believe that the therapeutic approach used by your therapist is not helpful, please be sure to discuss it with your provider.

The length of time that you will be in therapy and the frequency of sessions should be discussed with your therapist and although it is your right to terminate treatment at any time, it is in your best interest to discuss your wishes with your therapist before terminating.

Professional Fees

Service	Fee
First Counseling Session	\$170
Individual Counseling Session	\$150
Late Cancellation Fee	\$30
No Show Fee	\$50
Records Request	\$30

Attendance & Cancellation Policy

We acknowledge that situations arise where you may have to cancel your appointment. Please understand that your therapist has reserved time specifically for you and that you must call to cancel an appointment at least 24 hours before your scheduled appointment. This allows for your therapist to

schedule another client in your appointment slot. If you cancel your appointment less than 24 hours prior to your scheduled appointment, a late cancellation fee of \$30 may be incurred.

Failure to contact your therapist and missing a scheduled appointment will result in a No-Show Fee of \$50. Payment is expected at the time of service and you are responsible for all charges. If you have not logged into your scheduled session 15 minutes after your scheduled start time, your session will be considered a No-Show and you may be charged a No-Show Fee. If you fail to schedule or No-Show to an appointment for three (3) sessions within a 12 month period, without prior arrangements with your therapist, the professional relationship with your therapist at Simply Sukoon will be discontinued and future appointments will be denied.

The cancellation and No-Show fees are your sole responsibility and must be paid in full prior to your next appointment being scheduled. Your therapist understands that unavoidable circumstances may occur which may cause you to cancel your appointment with less than 24 hours notice. Your therapist may choose to waive the associated fees in these instances. Your therapist reserves the right to cancel your appointment if you show up sick, late, are in a situation that may interfere with your session, or are with minor children that might interfere with the counseling session.

Appointment Reminders

The scheduling system used by Simply Sukoon will send automated reminders through text and email for your upcoming appointment. You may choose to opt out of these reminders. Please understand that this is an automated system and is susceptible to malfunctions. You are responsible for your scheduled appointment even if this reminder system malfunctions and are responsible for any incurred Late Cancellation or No-Show fees if you miss a scheduled appointment.

Termination

The termination process can be difficult and we hope this policy can answer some questions about the termination process for a therapeutic relationship with your therapist at Simply Sukoon. The length of time and frequency of your treatment will be based on a discussion and agreement between you and your therapist. Your therapist may terminate treatment after the appropriate discussion with you. Your therapist may also terminate and discontinue services if it is determined that the therapeutic services provided are not being effectively used or if you are in default on payment. Sessions will not be terminated prior to a discussion with you and an exploration of the reasons and purpose of termination. If therapy is terminated or you wish to choose another therapist outside of Simply Sukoon, your therapist will provide you with a list of qualified psychotherapists.

Simply Sukoon Practice Policies

Court Related Services

Simply Sukoon therapists do not wish to be involved in your litigation or court-related processes. The therapeutic process involves being open about matters that may be quite private, upsetting, or embarrassing. If you are involved in any legal proceedings during your time as a Simply Sukoon client, you agree that you or your attorney or anyone acting on your behalf will not subpoena records from Simply Sukoon or subpoena your Simply Sukoon therapist to testify in court. Your signature below indicates that you acknowledge Simply Sukoon's litigation policy and that you agree to abide by this policy.

If this policy is violated and your Simply Sukoon therapist is subpoenaed to provide records, testify in court, or give a deposition, your therapist will comply with the law and any lawfully issued subpoenas. The hourly rate for these services is \$300 per hour for all court related services. If your therapist is an LPC-Associate, you agree to pay for any fees associated with the LPC-Associate's supervisor providing support and time for court related services as well (\$300/hour as well). Your signature below to execute and sign a Credit Card Authorization and provide a valid credit card to pay for your therapist's and/or supervisor's time for court related services. If your therapist is subpoenaed, you also agree to pay for any professional time, such as but not limited to, document preparation, record review, transportation charges, waiting time, and time spent in any court related services. Your signature is an acknowledgment of this fiscal responsibility for your therapist's charges regardless of who the subpoena is issued by.

Emergency/Crisis Situations

Simply Sukoon therapists are not crisis counselors and do not have the resources or capabilities to respond in emergency situations. If you are experiencing an immediate and life threatening emergency, including having suicidal thoughts, call 911 or go to your nearest emergency room.

Communications

Communication with your therapist can be done via phone (281.215.3414), text message, or email. These methods may be used for session reminders or delivering messages. Please inform your therapist regarding your preferred method of communication.

Clinical matters should be discussed during the scheduled appointment times with your therapist. However, there may be times when you wish to discuss clinical matters outside of your scheduled appointments. Your signature below indicates that you understand Simply Sukoon will charge for phone calls regarding clinical matters that last longer than 15 minutes at a pro-rated rate of \$100 per hour rate. These charges will be billed directly to you and are solely your responsibility.

Audiotaping and recording of sessions is not allowed unless discussed with your therapist in advance and you have signed a written agreement for the audiotaping or recording to occur.

If your therapist sees you outside of the therapeutic setting in public, your therapist will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to your therapist, and your therapist does not wish to jeopardize your privacy. However, if you acknowledge your therapist first, they may speak briefly with you, but they may feel it appropriate not to engage in any lengthy discussions in public or outside of the therapeutic setting.

Your therapist will not engage in communication or relationships with you via social media. This is for the protection of your privacy as well as for the protection of the therapeutic relationship between you and your therapist. You may discuss an accidental encounter with your therapist, either in person or via social media, during your next scheduled session.

Your therapist will not post information about any client on a public website. Simply Sukoon asks that you refrain from posting any “reviews” or other information regarding Simply Sukoon or your Simply Sukoon therapist on any website or forum for public reviews for providers. Your signature below indicates your agreement to not post any “reviews” or any other information without written permission from your therapist. Your therapist reserves the right to terminate the professional relationship if you are believed to have violated this agreement and subsequently, refer you to other mental health providers.

Client Financial Responsibility

By signing the agreement below, you acknowledge and understand that payment is due at the time of service and you are agreeing to pay those costs at the start of service. If you fail to make a payment, please understand that further sessions will be withheld and you will not be rescheduled. If the cost of service at the time of service is not correct due to missing, incorrect, or incomplete information, you agree to pay any difference in the cost or outstanding balance after services have been rendered.

Payments may be made through the online Jane Payment portal. Simply Sukoon requires that you put a card on file for contactless payments. This helps keep both you and us safe, as well as spend more time with you, rather than taking a payment after your session.

Please note that if your therapist is an LPC-Associate, your therapist is not allowed to bill insurance companies for services rendered due to licensure restrictions. It is up to you to pursue billing through your insurance provider for out-of-network services.

Minors

If the client is a minor (under the age of 18 years), a signature of a parent or guardian is required. Additionally, if there is a divorce decree or the parents of the client are going through a divorce, it is

important to inform your therapist to properly protect the confidentiality of your child. Please be sure to share such information with your therapist.

Sick days/holidays

Simply Sukoon observes all major holidays and sessions that fall on these holidays may be rescheduled subject to availability. Please note that your Simply Sukoon therapist may take a personal leave from work due to illness or personal circumstance. You will be informed in advance of these personal and/or sick days and your appointment will be rescheduled subject to availability.

Privacy Notice

Your signature below indicates that you have received, read, and understood the Notice of Privacy Practices document which explains the limits of privacy and confidentiality. Please understand that if you have any questions about privacy, the best time to ask is at the beginning of your first appointment.

Your medical records may be used in activities which include but are not limited to: providing treatment, billing and receiving payments, conducting healthcare operations, review of treatment records to ensure best care, delivery (mail or electronic) of billing for treatment to you or other authorized payers, appointment reminders, and/or records review to ensure complete and quality care. Use and disclosure of your medical records is restricted to internal use outlined above except when required by law, authorized by the patient, or if legal Federal/State laws require abuse, neglect, domestic violence, and threats to be reported to the appropriate services/agencies. If these reports are made, they will be disclosed to you or your authorized representative unless disclosure increases the risk of further harm.

You have the right to request that we restrict uses and disclosures outlined above. However, Simply Sukoon is not required to agree to these restrictions. If a written agreement is made to restrict uses or disclosures, Simply Sukoon will be bound by such a restriction until revoked by you or your authorized representative orally or in writing except when disclosure is required by law or in an emergency. Simply Sukoon may also revoke this restriction but information gathered while the restriction is in effect will remain restricted unless required by law or in an emergency.

You, or your authorized representative, may request your records to be released to yourself or another entity. This request must be made in writing, clearly identifying the person authorized to request the release, specifying the information to be released, the name/address of the entity the information is to be released to, purpose of the release, and an expiration date of this authorization. You reserve the right to revoke any authorization to release information at any time. Psychotherapy notes are a part of your medical record and Simply Sukoon has 30 days to respond to a records request and 60 days if the records are stored off-site. You may also request a correction to your records.

A request for release of information may be denied if: the release would endanger the life or physical safety of you or another person, released information would refer to other persons, except another healthcare provider, or if release to a legal representative would result in harm.

If your request for release of information is denied, you or your authorized representative may request a review of the denial, which will be conducted by another licensed healthcare provider appointed by the original reviewer, who was not involved in the original process to deny access. This review will be conducted in 30 days.

If you wish to complain about privacy related issues, you may contact contact@simplysukoon.com without any fear of retaliation against you.

Confidentiality

We recognize that it is important to maintain confidentiality between you and your therapist in order for the therapeutic relationship to work. Content discussed during your sessions and all relevant material related to your treatment will be held confidential unless you request in writing to have all or portions of this material released to a specific person or organization. However, there are a few limitations and exceptions to this policy of confidentiality as listed below:

1. If your therapist believes that you are a danger to yourself or anyone else, your therapist will contact the appropriate medical or law enforcement personnel. Your therapist may also contact a family member or friend for your safety or the safety of others if your therapist feels it is appropriate and necessary to do so.
2. If during the course of a session, you reveal information that leads your therapist to believe a minor, elderly person, or disabled person is being abused and/or neglected, your therapist is a mandated reporter and is required by law to notify the appropriate authorities within 48 hours. They will act in accordance with this requirement.
3. If you choose to file a lawsuit or complaint against Simply Sukoon or your Simply Sukoon therapist, they are allowed to use confidential information for their defense.
4. If a court order, any other legal proceedings, statute, or an investigation by a state or federal agency requires disclosure of your information, your therapist will comply with this order or law.
5. If you are involved in a court case, your therapist cannot provide any information without your written consent as your information is protected by therapist-client privilege. If your records are subpoenaed or if there is a court order for your records, your therapist is obligated to comply. Your therapist will contact you and your attorneys in this instance in case you wish to contest the subpoena. A written request to contest the subpoena must be provided to your therapist or they will comply with the subpoena.
6. If you waive your rights to privilege or give written notice to release information, your therapist will comply with your written request for release of information.
7. Please note that information in communication through email or telephone with limited security is not secure and may compromise your privacy. Your therapist will not use these methods to

communicate clinical information. However, if you choose to use these methods, it may compromise your confidentiality.

8. If during the course of your sessions, you reveal information that leads your therapist to believe that you have been exploited by a previous mental health provider or a previous mental health provider has committed an ethical violation, your therapist may be required to report it to the appropriate authorities. You have the right to remain anonymous when this report is filed.

Your therapist may need to consult with other professionals in order to provide the best possible care for you. Information about you may be shared in this instance without using any identifying information.

Consent to Treatment

Your signature below indicates that you authorize the above mentioned therapist to provide treatment for you and/or your dependants.

Your signature below confirms that you have read, agree to, and fully understand this document and all other Simply Sukoon Policies and Consent Forms. You understand the contents of these documents, including the risks and benefits of services provided. You have been provided ample opportunity to ask questions and seek clarification for anything that is unclear to you. This confirmation constitutes a legally binding signature.

_____ (Client Signature) _____ (Date)

_____ (Parent/Guardian Signature - if client is under 18)