

GENERAL POLICIES

APPOINTMENTS AND CANCELLATIONS

Therapy sessions are typically 45-60 minutes long based on your insurance. Text and email reminders regarding the date and time of your appointment will be sent in the days leading up to your appointment. In the event that you must cancel or reschedule your appointment, please do so at least 24 hours in advance. Your appointment time is reserved specifically for you, and arriving on time ensures that you receive the full benefit of your session. Consistently attending your scheduled sessions is your responsibility as a client, and supports your progress in therapy and respects the time set aside by your therapist.

****INSURANCE AND OUT-OF-POCKET CLIENTS:**

If 24 hours' notice is not given, you will be responsible for paying a \$50 late cancellation/no-show fee. Failure to pay the \$50 fee will result in you being removed from the schedule until this fee is paid.

****MEDICAID AND STATE INSURANCE CLIENTS:**

If you late cancel/no-show at least two times in a 30 day period, any upcoming appointments will be removed from the schedule and you will be unable to schedule in the future.

EMERGENCIES

Please note that our facility is not a crisis center. In the event of an emergency or crisis:

- Dial 988 for immediate local mental health support.
- Contact the NAMI HelpLine by texting "NAMI" to 741-741.
- Contact the Suicide Prevention Lifeline at 800-273-8255.
- Contact Holcomb Crisis Intervention of Berks County at 888-219-3910.
- Contact Crisis Intervention for Montgomery County at 855-634-4673.
- Emergency after hours number:_____

If you or a loved one are in immediate danger of harm or self-harm, please call 911 or go to the nearest hospital emergency department for assistance.

SOCIAL MEDIA AND TELECOMMUNICATION

To protect your confidentiality and to maintain professional boundaries, we do not allow therapists to accept friend or contact requests from current or former clients on social media platforms (such as Facebook, LinkedIn, or Instagram). Connecting in this way could compromise your privacy, the privacy of the therapist, and the integrity of the therapeutic relationship. If you have any questions regarding this policy, please discuss with your therapist. Often reviews can be placed on websites for others to explore our services. We do not require or recommend that you post such reviews to any online platform. Doing so may expose and disclose your involvement and services with Solstice Therapy. Solstice Therapy will never disclose or allow the publication of any client data online or through any social media platform.

RECORDING DEVICE POLICY

Solstice Therapy LLC strictly prohibits the use of personal recording devices by both clients and therapists during therapeutic appointments. Violating this policy will result in the immediate termination of treatment.

20 N Front St
Bally PA 19503

Solsticetherapy@outlook.com www.solstice-therapy.org 267-461-8831



Audio recording may be used for training and supervision purposes; however, this will only occur with the client's explicit written consent, following a conversation with their therapist requesting the recording. Any recorded session will be reviewed solely by the therapist and their supervisor and will be permanently deleted after review. Clients have the right to decline audio recording at any time.

ELECTRONIC COMMUNICATION

Solstice Therapy LLC cannot guarantee the confidentiality of electronic communication, including but not limited to emails and text messages. These methods may be used for scheduling or canceling appointments; however, they should not be used to discuss therapeutic matters or to seek emergency assistance.

We cannot ensure an immediate response to electronic communications. Messages received outside of admin business hours (Monday–Friday, 8:00 AM–2:00 PM) will be returned within 48 hours. For urgent matters, please contact emergency services or visit the nearest hospital.

WRITTEN COMMUNICATION

If you require a treatment summary, clinical letter, or any other documentation regarding the nature of your treatment for work, school, or other purposes, there is a fee of \$40 for each document. This information may or may not be acceptable forms of documentation pending specific needs, however it is the clients responsibility to look into it prior to request. Additionally, written authorization is required before any such documentation can be released. These documents will not be provided without prior written consent and payment at time of written consent.

COMPLAINTS

If you feel your therapist has engaged in inappropriate, improper or unethical behavior, you can talk to them, or you may contact Jackie Focht, Director at Solstice Therapy 267-461-8831

You also have the right to contact the licensing board that issued your therapists license, your insurance company (if applicable), or the US Department of Health and Human Services.

PATIENT LITIGATION

I will not voluntarily participate in any legal proceedings (such as, but not limited too divorce, custody disputes, injuries, lawsuits, ect.), between you and another individual, entity and/or parties. I will not communicate with client's attorney nor write or sign any letters, reports, declarations or affidavits to be used in any client's legal matter. However, should I be subpoenaed, or ordered by the court of law, to appear as a witness in an action involving you, you agree to reimburse me for any time spent for accommodating these requests and services at \$250/hr to be paid out of pocket. We will also require written consent to accommodate such court appearances.

Client Name : _____ **Date:** _____