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Policies and Procedures

Professional Relationship: Psychotherapy is a professional service I will provide to you. Because of the nature of therapy, your relationship with me has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of the therapist and client. If you and I were to interact in any other ways, we would then have a “dual relationship”, which could prove to be harmful to you in the long run and is therefore unethical in the mental health profession. Dual relationships can set up conflicts between the therapist’s interests and the client’s interests, and then the client’s (your) interests might not be put first. In order to offer all of my clients the best care, my judgement needs to be unselfish and purely focused on your needs. This is why your relationship with me must remain professional in nature.

Additionally, there are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may need to have you do what they advise. A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn how to solve problems more effectively and make better decisions. Therapist’s responses to your situation are based on tested theories and methods of change.

You should also know that therapists are required to keep the identity of their clients confidential. As much as I would like to, for your confidentiality I will not address you in public unless you speak to me first. I also must decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, I will not be able to be a friend to you like your other friends. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long term protection.

Termination of Professional Relationship: At times, it may be necessary to end the therapeutic relationship for various reasons. The relationship may change at a client’s request, or by myself. If at any time, you feel that this relationship is not benefiting you or assisting you in reaching your goals, you are able to terminate the therapeutic relationship. Reasons that I may terminate the therapeutic relationship include:

1. The needs of the client are beyond my area of expertise.
2. I am unable, or unwilling, to continue to provide care. Such reasons may include, changes to my practice, or if there has been a situation in which my safety has been threatened.
3. A conflict of interest is identified after treatment begins
4. It appears that you are not making adequate progress towards treatment goals, or you become non compliant with the treatment recommendations.
5. You fail to participate in therapy (e.g. non-compliance, no shows or frequent cancellations)
6. If there has been no contact from you for 90 days since your last session, I will assume that you are no longer interested in remaining active in the therapeutic relationship, thus your file will be closed. If you desire to return to therapy in the future, a new file will be opened for you.
7. Non-payment of fees.

Technology Statement: It is of utmost importance to me that I maintain your confidentiality, respect your boundaries, and ascertain that your relationship with me remains therapeutic and professional. Therefore, I’ve developed the following policies.

Cell Phones: It is important for you to know that cell phones may not be completely secured and confidential. However, I realize that most people have and utilize a cell phone. I may also use a cell phone to contact you. If this is a problem, please feel free to discuss this with me.

Text Messaging and E-mail: Both text messaging and e-mailing are not secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to text and/or e-mail because it is a quick way to convey information. If you choose to utilize texting or e-mail, please discuss this with me. **However, please**

know that it is my policy to utilize these means of communication strictly for brief topics such as appointment confirmations. Please do not bring up any therapeutic content via text or e-mail to prevent compromising your confidentiality. **You also need to know that I am required to keep a copy of all e-mails and texts as part of your clinical record.**

Social Media Accounts: It is my policy not to accept requests from any current or former client on social networking sites such as Facebook, Instagram, Pinterest, LinkedIn, Snapchat etc, because it may compromise your confidentiality.

Google etc: It is my policy not to search for my clients on Google or any other search engine. I respect your privacy and make it a policy to allow you to share information about yourself with me as you feel appropriate. If there is content on the Internet that you would like to share with me for a therapeutic reason, please print this material out and bring it to your session.

Twitter and Blogs: I may post psychology news on Twitter or write an entry on a blog. If you have an interest in following either of these, please let me know so that we may discuss any potential implications to our therapeutic relationship. Once again, maintaining your confidentiality is a priority. I would recommend using an RSS feed or locked Twitter list, which would eliminate you having a public link to my content.

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Please feel free to ask questions, and know that I am open to any feelings of thoughts you have about these and other modalities of communication.

Fee Schedule:

Individual Therapy Session: \$120 (including BAUD therapy, Heart Math, Trauma Informed Hypnotherapy and Clinical Hypnosis. **** please note, these specialized services are NOT covered by insurance and are offered on a private-pay basis only)

Clinical Hypnosis for Weight Loss: This service is sold as a package, please speak with me for more information

Clinical Hypnosis for Smoking Cessation: This services is sold as a package, please speak with me for more information.

Late Cancellation Fee: \$60

Missed Appointment Fee: \$120

Returned Check Fee: \$30

Appointments, Cancellations, and Fee Schedule: Your appointment is scheduled specifically for you, and can be scheduled up to 4 weeks out by contacting my office. I will make every attempt to provide times that are convenient for you.

However, if you are unable to attend your scheduled appointment please provide a minimum of **24 hour notice** of your absence. Appointments that are **cancelled less than 24 hours in advance, will be charged a fee of \$60.00.** In the event that the appointment is **not cancelled, it is considered a missed appointment and will be charged the full session rate of \$120.00.** Please note, **insurance does not pay for late cancellations or missed appointments.**

Clients are required to keep a credit card on file, and these fees will be charged the day of the appointment. In order to maintain a fair practice policy, these fees are charged regardless of the reason and is practiced consistently with all of my clients.

Payment for services is an important part of any professional relationship, including the therapeutic relationship. As an integral part of our treatment, payment for services rendered to you is your obligation and your commitment to the therapeutic process. Please note that it is not my policy to carry balances on accounts; therefore, all payments are due at the time of service. Payment may be made in the form of cash, check, credit card, debit card, or Health Savings Account card.

Delinquent Accounts: In the event of delinquent payment, a collection agency and/or court may be used. It is understood that you are responsible for any additional fees that may be incurred including attorney fees, court costs, filing expenses and a \$10.00 per month late fee (beginning the last date of the activity on the account). In the event an attorney is used, a fee of \$100 per hour will be charged for the therapist's time in collecting the debt. It is further understood that in the event of such action, it may required that information be released that would identify the parties involved, patient diagnoses, the dates and nature of services rendered, and all other information contained on any claim filed.

Insurance: The use of insurance benefits is **not a guarantee** of payment. In addition, when using your insurance plan, it is understood that health plans require information regarding plan management with confidential patient information.

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Such information includes: diagnosis based on the DSM-5, the dates and types of services rendered, authorizations and continued authorizations for services. In addition, it is understood that utilization management, quality assurance, and other claim reviews may require additional information concerning case history, presenting problems, treatment plans and other case sensitive information. Insurance companies are also able to dictate the number of sessions as well as type of therapy services that you are able to receive. If this is of concern to you, please speak with me and we will discuss other options that you may utilize.

Court Fees: In the event that I am subpoenaed to court, fees will be assessed at \$120.00 per hour for a minimum of 8 hours. In addition to the hourly rate, the client will be responsible for travel expenses of mileage (at the federal rate), parking, and travel time. These fees will be paid one week prior to the date of the appearance in court.

If I am asked to provide a deposition, fees will be assessed at \$120.00 per hour for a minimum of 4 hours (additional hours will be added if the deposition takes longer than 4 hours). In addition to the hourly rate, the client will be responsible for mileage, travel expenses and travel time. Fees will be paid one week prior to the date of the deposition.

Policy on completing forms, preparing reports and gathering records for long or short-term disability, FMLA or other assistance/work absence programs or any other requested documentation:

I will only complete forms and/or prepare reports and letters **by appointment with you present in the office.** We will go over the form, fill it out and prepare it for sending, along with any records needed. **This is scheduled as an appointment, but is NOT covered under your insurance as it is not a therapy session.** Parts of this visit may be you just being on hand to answer any questions I may have about the forms or documentation. **You would need to pay the regular private pay rate for that visit and the late cancelation and no-show policy applies as its would for a scheduled therapy session.** Any time remaining in the visit after the paperwork is completed may be utilized as a brief private pay therapy visit.

In Case of Emergency: My practice is considered to be an outpatient facility, and I am set up to accommodate individuals who are reasonably safe and resourceful. I do not carry a pager nor am I available at all times. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. Generally, I will return calls within 24-48 hours.

If you have a mental health emergency, I encourage you **not to wait for a call back**, but to do one or more of the following:

- Call Tennessee Crisis Hotline: 1-855-CRISIS (1-855-274-7471)**
- Call Parkridge Valley Hospital RESPOND: (423) 499-2300 or 1-800-542-9600**
- Go to your nearest Emergency Room**
- Call 911**

Please print, date and sign your name below indicating that you have read and understand the contents of this form. Your signature also indicates that you agree to the polices of your relationship with me.

Client Name: (Please Print): _____

Parent or Legal Guardian: _____

Client Signature: _____

Date: _____