

# Practice Policies

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**PRACTICE POLICIES APPOINTMENTS, FEES, CANCELLATIONS & NO SHOWS:** The fee for a psychotherapy session of 50 minutes is \$150, due at the time of service. Requests to change the 50-minute session needs to be discussed with the therapist in order for time to be scheduled in advance and fee adjustments addressed. Clients will be notified in writing prior to any fee increases. 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. A client appointment which is not attended is considered a “no show.” An appointment is also considered a “no show” if a client does not appear for the appointment by at least 15 minutes from the scheduled start time. Appointments marked as “no show” will be billed for the full amount of said session. If you are running late or if there is an unavoidable detainment, please contact the therapist to discuss options. Cancellations and re-scheduled session will be subject to a full 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. If you are late for a session, you may lose some of that session time. Fees for late cancellations and no shows will be assessed to the payment method on file (e.g. credit card). A \$10.00 service charge will be charged for any checks returned for any reason for special handling.

**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. Phone calls between sessions will be limited to brief consultations and/or arranging for more urgent care. Calls longer than 15 minutes will be charged a fee. Please note that face-to-face sessions are the preferred method of service delivery via in-person or tele-health sessions. If a true emergency situation arises, please call 911 or any local emergency room. \*Exceptions for cancellations will be made for sickness/testing positive for COVID-19/a family member testing positive. I require all clients attending in-person sessions to follow appropriate COVID protocol.

**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. It is preferred that we use the confidential platform provided through the Client Portal of Simple Practice that has been provided for you. 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 telehealth or “telemedicine” by the State of Texas. Under the Texas Telemedicine Act of 1997, 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 choose 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, apparent height and weight, body type, 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), gender identity, 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 they would consider important information, that you may not recognize as significant to present verbally to the therapist. Also see "Consent for Telehealth Consultation" form in packet sent. 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.

**TERMINATION OR CONCLUDING THERAPY:** Ending relationships can be difficult. Therefore, it is important to have a process in order to achieve some closure. The appropriate length of the conclusion of therapy process 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. You have a right to end therapy at any point of your choosing. 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 appointment periods (depending on our agreed schedule), unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

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