

Dr. Sandra Shachar's Practice Policies and Procedures

Welcome to my Counseling Psychology practice! I am honored to have been selected to work with you. This document contains important information about my professional services and business policies.

CONFIDENTIALITY

The communication between a Licensed Psychologist and client is “privileged,” which means that I am legally bound to keep confidential anything you reveal to me unless any of the following conditions exist:

- 1) I have reason to believe you are in immediate danger of harming yourself or another person;
- 2) I have reason to believe a child or elder person is at risk of abuse or endangerment. I am a Mandated Reporter for such situations.

Please read the Notice of Privacy Practices on my website or ask me for a copy. This handout contains information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI). used for the purpose of treatment, payment, and health care operations. The Notice of Privacy Practices explains that while you have a right to confidentiality, that right is not absolute.

Other limits to confidentiality include:

1) I may consult with another healthcare professional about your case. I will make every effort to safeguard your privacy and identity, and the other professionals are also bound to maintain confidentiality.

2) All external records and billing software I use have security and privacy safeguards, which I am happy to share at your request.

3) When your therapy includes another person, such as a spouse, family or “relationship group” member (such as in polyamorous relationships), some of your information may

be shared with these persons as part of the therapy process. **If there is information you have shared with me privately and do not want it made known to others in your therapy, please clearly say so.**

My confidentiality policy when working with you and your partners/ family members is as follows:

I may not disclose what is discussed with me when meeting separately with a member of your relationship/family, without that person's permission. It is essential in our work together that each client feels safe in sharing personal information, feelings and thoughts with me that they may not be ready to share with others.

If you agree to work with me in relationship or family therapy with your partner/s or family members, by signing this document you acknowledge your understanding and consent that there may information shared with me that I will not disclose to you without the sharer's permission.

At the same time, I hold the right to recuse myself as your relationship/family therapist if I believe my work with you and/or my professional ethics are compromised as a result of maintaining confidentiality. In such circumstances I will refer you and the other members of your therapy to an/other therapist/s.

I do not testify in legal proceedings such as divorce or custody disputes. If my records are subpoenaed for a legal proceeding, all clients seen by me who are related to the proceedings must give me written permission to release records.

When a Family Member is Paying for Your Therapy:

Regardless of who is paying for therapy, I will not share information about my clients with anyone without their permission, except as outlined above. If family members or others have information they deem relevant to your therapy, such as significant life cycle or health events, I can accept this information by phone or email, although I will not comment upon this information in return to them without your permission. I will also tell you, my client, that such communication occurred.

Family members are always welcome to meet with me and you in a session together, as long as you, my client, are informed of and agree to their attendance in advance of the session.

SCHEDULING AND CANCELING SESSIONS

You can schedule sessions directly with me, either by phone, email, text or during an office visit. If you know in advance that you need to reschedule or cancel a session, I kindly ask you to notify me as soon as you are aware of this by phoning or texting me at 314-440-5433. I will reply to confirm receipt of your message.

A full 24-hour notice is required in order not to be charged for cancelling or missing a session. Missed sessions and those cancelled without 24 hour notice will be charged to your credit card on file and are not covered by insurance.

When we schedule an appointment, I reserve the full time for you. If you are late or cannot use the full session time, you will still be charged for the full session, unless cancelled or changed to a shorter session 24 hours in advance.

You may leave confidential text and voicemail messages for me at my cell (314) 440-5433, 24 hours a day, 7 days a week. I check for messages at least every two hours on weekdays and at least three times daily on weekends. **If you are unable to reach me and it is a true emergency, please call 911 or seek help at the emergency room of the nearest hospital.**

I offer the option of holding any session by phone or HIPPA-compliant Zoom. Such sessions are listed as “Telehealth” and “Other Location” on insurance billing forms and may not be covered by some insurance.

EMERGENCY COVERAGE

If I am away from the office for a prolonged period, I arrange for a colleague to cover emergencies if I may not be reached easily by phone. **If you are having a life-threatening emergency, ALWAYS CALL 911 or go to your nearest hospital emergency room FIRST, before calling me. DO NOT WAIT TO SPEAK WITH ME FIRST IF YOU ARE FEELING IN DANGER OF HARMING YOURSELF OR THAT SOMEONE ELSE WILL HARM YOU OR THEMSELVES.**

PAYMENT

New clients pay in advance for first sessions using PayPal on my website Make A Payment page (www.drsandrashachar.com)

Payment for followup sessions can be made by Zelle bank transfer or will be charged to your credit card after the session. I do not accept cash or checks. If you use a credit or debit card, a processing fee is added to the total.

I charge for my time reading your emails and texts if more than 10 minutes. I also charge for time replying to or writing emails or letters your request I prepare. I do NOT charge for my time preparing notes for your session, account statements, etc.

I require that you sign a separate Payment Form on my website's Helpful Forms page, indicating your understanding of my payment policies, and that you have an updated credit card on file for cancellations or charges outside of sessions.

INSURANCE REIMBURSEMENT

I do NOT participate as an “in-network provider” for ANY insurance companies and therefore do not accept co-payments. Clients pay me directly in full for each session.

Many insurance companies provide coverage for outpatient mental health services offered by an Out-of-Network doctoral-level Licensed Psychologist. It is your responsibility to determine what coverage you have for my services, that is, what your deductible and copay will be for working with me. Your insurance company will then reimburse you directly after you have submitted a claim. It is also your responsibility to resolve with your insurer any difficulties that you have with reimbursement. I can provide you with an electronic statement of sessions and payments upon request. If you use your insurance, I will need to assign a Behavioral Health/medical diagnosis based upon your symptoms and situation.

MEDICARE

If you are a recipient of Medicare, or expect to become age 65 while under my care, it is important that you carefully review this section and discuss it with me. **I am unable to see Medicare clients in Individual Psychotherapy or Group Psychotherapy who sign up for Medicare's Supplement B Plan.**

If you turn 65 while under my care and want to continue to see me individually or in group therapy, you must select not to sign up for Supplement B. If you do choose or have chosen to sign up for Supplement B, I will need to refer you immediately to another provider who sees Medicare clients.

Note: Marital and/or Family Therapy or Post-Retirement-counseling are not covered by Medicare, and therefore I can not see you for these services.

ELECTRONIC COMMUNICATIONS

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). I believe that to do so could compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. Please do not use these sites to “message” me as I will not respond.

You may use text messaging at my cell 314-440-5433 (preferred) or email at sandrashachar@gmail.com to alert me that you need to arrange, modify or arrive late to an appointment, but again you need to know that these are not secure forms of communication. I strongly encourage you to not put any personal information in these messages as they create the possibility of becoming part of your medical record and may need to be documented and archived in your chart. If you must share confidential information, only my SANDRASHACHAR@DRSANDRASHACHAR.COM email is secure.

Be aware that all emails and texts are retained in the logs of your and my Internet service providers (ISP). If you need to interact with me between sessions, the best and most secure, confidential way to do so is by phone.

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Please feel free to discuss with me any questions or concerns that you might have, at any point, about your therapy or any other issue. It is my goal to be as helpful and responsive to your needs as I possibly can. I am looking forward to working with you and to helping you achieve your relationship and life goals!

Kindly,

Sandra A. Shachar, PhD

Revised: November 5, 2020

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ DR. SANDRA SHACHAR'S "PRACTICE POLICIES AND PROCEDURES" HANDOUT AND AGREE TO ITS TERMS. YOUR SIGNATURE ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE HAD ACCESS TO AND READ THE HIPAA NOTICE OF PRIVACY PRACTICE.

Client Signature

Print Name

Date

Client Signature

Print Name

Date

PRACTICE POLICIES AND PROCEDURES
DR. SANDRA SHACHAR, PHD
REVISED November 5, 2020