

**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 know that in some states where I provide Telehealth, viewing pornography involving minor children is a criminal act and if revealed to me I will be required to report this.

Please read before signing 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 told me privately and do not wish for it to be shared, please clearly tell me this.**

My confidentiality policy when working with multiple partners/ family members is as follows:

I will 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 other therapists.

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 the records.

Regardless of who is paying for therapy, I will not share information about clients with anyone without their permission, except in the circumstances that take precedence over confidentiality, as outlined above. When contacted by others to share information about you with me, I will tell you that this contact occurred. Family members are always welcome to meet with me to discuss concerns together with you, at your request.

SCHEDULING AND CANCELING SESSIONS

You can schedule sessions directly with me, either by phone, email or text. 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 and are not covered by insurance.

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 frequently on weekdays and 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.**

While there is no charge for time spent to schedule sessions or briefly discuss a concern, texts, emails or phone consults taking more than 10 minutes are prorated at the regular session rate and charged to your credit card.

PAYMENT

Payment in full is due at the time of each session. I use the HIPAA compliant payment platform IvyPay, which is designed for therapists and their clients. Using IvyPay means I do not need to hold your payment information on file. When we schedule a first session, I will input your initials and cell phone number to IvyPay and you will receive a test from IvyPay to enter your preferred form of payment for sessions.

INSURANCE REIMBURSEMENT

I do not participate as an "in-network provider" for any insurance companies and therefore do not accept co-payments. You will be charged in full at the time of each session. However, 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 will be happy to help you with this to the best of my abilities. I can submit electronic claims to your insurance upon request. If you use your insurance, I will need to assign you a Behavioral Health/medical diagnosis based upon your symptoms and situation.

MEDICARE

I am unable to see Medicare clients in Individual Psychotherapy or Group Psychotherapy who have 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 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 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.

You may text message me at my cell 314-440-5433 for same day cancellations or if you are running late or need to reschedule an appointment.

I strongly encourage you to not put any personal information in text or email 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 wish to send me confidential information by email, please use my most secure and encrypted email address:

sandrashachar@drsandrashachar.com

Please 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 most secure and confidential way to do so is by phone.

Please feel free to discuss with me at any time questions or concerns that you might have 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: January 2024

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