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POLICY STATEMENT

FEES & PAYMENT:

Appointments are once or twice per week. I do not see clients on a less than weekly basis, as I do not find this to be an effective or satisfactory way of achieving change and helping you to heal.

My standard session rate is \$195-\$225 per 55-minute hour. Sessions that extend beyond the 55-minute length are billed by the minute based on your session fee.

The full amount of your session *fee is due at the beginning of each session* if we are meeting in person and you are paying by check or in cash, or prior to the commencement of your session time, if we are meeting virtually or you are utilizing IVY PAY to pay your session fees. If you are paying by check or in cash, please have your payment ready ahead of time so that it will not take time either from your or the next person's session. If you want or need to pay through the IVY Pay App, please notify me ahead of your scheduled session time. If we agree to use IVY PAY, I charge my sessions 24-47 hours prior to your session time (within the cancellation window).

Please see the separate payment policy document for details about payment vehicles and policies.

SESSION FREQUENCY & LENGTH:

Standard sessions are 55 minutes long, although other session lengths are available should you require, or we determine that this would be more effective, supportive, and regulating.

Please do not arrive more than 10 minutes prior to your session commencement time as it is disturbing to the session in progress.

RAISING FEES: I raise my fees annually after we have worked together for 1 year. In order to accommodate for cost of living increase and to value myself and run my business successfully. Fees generally get raised regularly in January by \$10.00 increments. However, if you have not had a fee raise in more than a one (1) year period, your fee may rise more substantially, accordingly.

CANCELLATIONS & MISSED APPOINTMENTS: Psychotherapy, to be effective, requires commitment and dedication. Sessions are scheduled at a regular time that are consistent and at the same time each week. When you schedule an appointment, your session time is reserved exclusively for you. I expect you to come every week (or twice a week, etc., as applicable).

*If you must cancel in the case of illness or emergency only, I require notice of at least **48 hours** prior to your session or you will be charged for your missed appointment. Unless otherwise arranged, the above also applies to telephone and video appointments. If you cancel with less than 48 hours notice and I am able to fill your session time, I will only charge you a **\$50.00 rescheduling fee** as this takes some time and effort on my behalf.*

In cases of these short notice cancellations, is your responsibility to make certain that I get your notification within the 48-hour window and that I confirm and acknowledge your cancellation communication. I strongly suggest emailing and texting me to be sure that I receive it. I easily do not see voicemails and/or often am not available to easily listen to them, so this is the most effective way to communicate. Because I cannot guarantee the security of online communication or texting, and you are not comfortable with that modality, please leave me a voice message and a text and perhaps an email as well, notifying me that you left me a voice mail. There are sometimes when I am out of range entirely and offline and cannot be reached. In this case, just leave the text and email, and/or voice mail within the 48-hour window with your notice of cancellation and I will receive it when I am back in range and/or online.

If you are going on vacation and will not be able to attend your regular session(s), please provide me with at least **two (2) weeks or more notice** in advance in both written email form, and in person at the beginning of your session time.

If you need to change your therapy appointment time or cancel your therapy session, this requires at least 7 days' notice (or as much notice as is possible). When you have important scheduling conflicts that cannot be avoided and require scheduling changes, (like mandatory work related or school conflicts, medical appointments, etc.), please notify me in writing by email and at the beginning of the session(s) prior. Sessions can be rescheduled **with at least 1 week, or as much notice as possible**.

See illness & cancellation policy and payment policy for more detailed information.

AVAILABILITY BETWEEN SESSIONS: Due to the fullness of my work schedule, and in order to be as present and fully available as I am in our psychotherapy work, I am not generally available in any form between our regularly scheduled sessions. It is essential for my own health and well being that I am actually and completely "off" in the days in between my workdays. I am in the office Tuesdays, Wednesday mornings until 11:30am, and Thursdays. Friday through Monday, I am not available to respond to anything except notices of cancellations (assuming I am in range and on email).

If you are finding yourself struggling, are going through an unusually difficult period, are in crisis and are in need support before your next regular session, you can request an additional session during the weekdays as needed or more regularly. If my schedule allows and I am able to do so, I certainly will endeavor to schedule you for an additional in person or telephone session time. However, this is not always possible. Additionally, it is not always possible that I

can respond to requests on my off days or in my off hours. Thus, I encourage you to reach out for other resources during these challenging periods as much as you are able. When alternate people or resources are not available, I strongly suggest that you call the Crisis Support Services hotline at 1(800) 273-8255.

I will not charge for any brief exchanges made for the purpose of scheduling and such. However, unless otherwise arranged, time spent communicating about your concerns or supporting you through difficult times, (including reading emails or texts that concern more than scheduling or cancellations), will be charged at the regular rate and will be billed via IVY PAY following our communication (via phone, email, or text).

TELEPHONE CALLS, EMAILS & TEXTS: I return communications from Tuesday to Thursday unless timely or urgent. *If you need a return message, please request that clearly in your text or email communication to me.*

A Note About Reaching Me:

For any communication that is timely or urgent (like an illness or emergency 48 hour cancellations), please do TEXT me if you are comfortable with the confidentiality of electronic communication, as that reaches me most directly and immediately if I am in cell range. If you prefer, you can always text me to tell me you have left me a confidential voice mail, or an email and a text follow up is required in the case of any short notice/48 hour or less cancellations.

If you are not comfortable with electronic communication, please let me know at the commencement of therapy so that we can figure out the best way to communicate.

Please be aware that I cannot guarantee the confidentiality of electronic communications. Please use those forms only if you feel comfortable with that risk.

CONSULTATIONS WITH OTHER PROVIDERS: In support of your care, it may be necessary or supportive to your care to have me communicate with your other health care providers. If you/we decide to have me do so, you will need to sign a formal release of information to allow me to disclose your personal and confidential information. Additionally, any time spent by me in consultation with your health care providers will be charged at your regular rate and can be paid via Ivy Pay.

VACATIONS: When I take vacations or am out of town for any significant period of time, I will endeavor to provide you with as much notice as possible. In my absence, if you request, another licensed colleague can be available for phone consultation or session times should need or emergency arise.

CONFIDENTIALITY: All information disclosed within sessions and counseling records are confidential and may not be revealed to anyone without your permission, except where disclosure is required by law. However, your therapy may be discussed in case consultation

with my professional consultant. This consultation serves you, as it assists me in being better able to facilitate your therapeutic process and thus assures you the highest quality of treatment and care.

Disclosure is legally required in the following circumstances:

(1) Where there is reasonable suspicion of child or elder abuse (2) where there is reasonable suspicion that you, the client, presents a danger of violence to others, or (3) where you, the client, are likely to harm yourself unless protective measures are taken.

Disclosure may be required pursuant to legal proceeding. Please be aware that you waive your privilege to confidentiality when *you* tender your mental health for the purposes of a lawsuit or claim.

When you use insurance or a managed care plan, they may ask for clinical information at various points in the treatment process to justify ongoing therapy. I make every effort to disclose only what is necessary.

TERMINATION: The decision to stop therapy is frequently a mutual and gradual decision that comes at an appropriate time based on the work that has been accomplished in therapy. The termination of therapy is a process of evaluation, leave-taking, and closure, which requires time. Completion sessions provide you an opportunity to tie up loose ends, assess the work that has progressed during your therapy, and to discuss future directions. I believe that these sessions allow for a completion that will protect and preserve the therapeutic work you have accomplished.

Ideally a minimum of four (4) weeks notice should be provided when you intend to end therapy. Ideally, termination is a mutual decision, made when it appears that the work is nearing completion. The termination process may take more or less time than four (4) weeks in some cases. In the event that circumstances require a sudden decision to terminate therapy, it is my policy that we meet for at least one (1) completion session, with which to close therapy.

ACKNOWLEDGEMENT OF AND AGREEMENT TO ALL ITEMS DELINEATED IN
POLICY STATEMENT PAGES 1-3:

Signature of Client

Date

Printed Legal Name

Date of Birth

Current Mailing Address

Cell Phone #

Home Phone

Work Phone

Email Address

Emergency Contact Name

Phone #

Permission to Contact Above Named Person in Case of Emergency