



Haley Weiss, M.A., NCC
Haley Weiss Counseling, LLC
1315 South Allen Street, Suite 302, State College, PA 16801
Phone: (814) 826-3646 | Email: haley@hweisscounseling.com

PRACTICE POLICIES

The policies outlined in this document are more thoroughly explained in the informed consent document.

Please note that Haley Weiss/Haley Weiss Counseling, LLC does not take insurance at this time. Services will be provided via out-of-pocket/self-pay methods. Normal business hours for Haley Weiss Counseling, LLC are Tuesday through Thursday from 9:00am to 5:00pm and Fridays from 9:00am to 1:00pm (current as of January 1, 2021).

Appointments and Cancellations

Please remember to cancel or reschedule 24 hours in advance. If you are unable to attend your scheduled session, you must call at least 24 hours in advance or you will be charged a \$40 late cancellation fee. If you miss the session, or contact your therapist less than 2 hours prior to your scheduled session time, you will be charged the full session fee. These fees will be charged to the credit card on file. 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.

The standard meeting time for psychotherapy is 50 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 50-minute session needs to be discussed with your therapist in order for time to be scheduled in advance and may be subject to an increase in session cost.

Fee Policy

Haley Weiss Counseling, LLC does not currently take insurance and will be solely self-pay by the client. The standard fee for a 50-minute individual therapy session is \$80 (\$100.00 for intake). A sliding scale based on income level may be available as an option if you are not financially able to pay the full amount. If we are not able to meet your financial needs or you are seeking to use insurance, we will provide you with a referral. If you need to cancel an appointment, please tell us at least 24 hours ahead of time; otherwise, you will be charged for the missed session.

Payment is due at the time of service. All payments must be made by debit/credit card; thus, we ask all clients to submit a debit/credit card authorization form. If you would like to use an HSA Card, we ask that you provide a second debit/credit card to have on file in the event that funds are deficient on the HSA account at the time of service. It is the policy of this business to keep a debit/credit card on file. This card will need to be provided prior to your first session. Your specific credit/debit card information will be stored securely within Simple Practice.

If payment has not been received for two (2) consecutive sessions in a row, Haley Weiss Counseling has the right to suspend further services until balance is paid in full, or other arrangements have been discussed and agreed upon between therapist and client.

Any delinquent payments after 90 days will be automatically charged to the authorized card on file.

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 voicemail. I am often not immediately available; however, I will attempt to return your call within 24 hours. If a true emergency situation arises, please call 911 or any local emergency room.

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. 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.

Crisis Situations

If you are experiencing a mental health crisis or emergency after normal business hours, please call 911 or go to your local ER immediately. If you are in the Centre County region, you may call the Centre County crisis line at (800) 643-5432 which is available 24 hours, 7 days a week.

Maintenance of Client Records

As a client, you may request a copy of your records at any time. Haley Weiss/Haley Weiss Counseling, LLC will maintain your Client Record (consisting of contact information, reasons for therapy, notes, etc.) for a period of five (7) years after the termination of therapy or the date of our last contact, whichever is later. Haley Weiss/Haley Weiss Counseling, LLC cannot guarantee a copy of your Client Record will exist after this seven-year period.

Minors

If you are a minor, your parents may be legally entitled to information about your therapy. I will discuss with you and your parents what information will be shared and which issues may be more appropriately kept confidential.

Termination

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination 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. 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 weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

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

Printed Name: _____

Signature: _____ Date: _____