Attachment & TRAUMA THERAPY
913.346.1516 | attachmentandtraumatherapy.com

FOX CHILD & FAMILY THERAPY
913.229.5691
foxchildtherapy.com

Missouri
222 W Gregory Blvd, Ste 120, Kansas City
9200 NE Barry Rd, Ste 110, Liberty
2900 NE 60th St, Ste 206, Gladstone

Kansas
7223 W 95th St, Ste 220 & 300, Overland Park
25255 W. 102nd Terrace, Suite 200, Olathe

Practice Policies

Client Name:

_____

Adrienne Warren, LPC, LCPC; Alexandra Leeds-McCleary, LMSW; Andrea Marchant Dominguez, LMSW; Andrea Stark, LCPC; Angela Mix, LMFT-T; Angella Snyder, LMFT-T; Ashley Cusic, PLPC; Ashley Herrmann, LMSW; Bailey Jacobs, LCPC; Bethany Young, PLPC; Caleb Hammond, PLPC; Christina Wright, LMSW; Ciara Frazier, LMSW; Elizabeth Jenkins, LMFT; Elizabeth Mauldin, LMSW; Emily Lickenbrock, Student Intern; Erica Vermillion, LPC; Gianna Slyter, PLPC-T; Hailey Mehlman, LMSW; Heather Ronnebaum, LPC; Jacqueline Evans, LCSW; Jane Spencer, LMLP; Jennifer Schulte, LCPC; Jessica Jacobsen, Student Intern; John Huber, Student Intern; Julian Frickey, LMSW; Junhee Yoon, LMSW; Kimberly Flores, Student Intern; Kyla Schweitzer, LSCSW; Lebeka Fox, LCSW; Lindsay Smith, LPC; Lucy Katter, LPC; Lydia Svoboda, LPC; Madeline Myers, LCPC; Marissa Chartier, LPC; Marissa Giffen, LPC; Mebble Maseko-Hinson, LPC; Michele Johnson, LCPC, LPC; Morgan Bembry, LMSW; Nicole Binkley, PLPC; Pamela Silver, LPC; Sarah (Elizabeth) Foster, LMSW; Saryn Graham, LMSW-T; Serena Hawkins, Student Intern; Shea Curley, LPC-T; Taiylor de los Reyes, LPC; Zoe Trent, PLPC

APPOINTMENTS

The standard meeting time for psychotherapy is 50 minutes. It is up to the client, however, to determine the duration of their sessions. Requests to adjust the 50-minute session must be discussed with the above-named therapist, and prices will adjust accordingly. Appointments can be scheduled weekly, biweekly, or to another frequency agreed to with your therapist

LATE POLICY - SELF PAY

If a client is LATE for a session, the client will lose some of their session time but be charged the full fee.

LATE POLICY - COMMERCIAL INSURANCE / MEDICAID CLIENTS

Medicaid & Commercial insurance Clients will be granted 3 (three) chances to arrive to a session late, per year. It is imperative that clients reschedule in advance as appointment times are held and reserved exclusively for that client.

TELEHEALTH

We offer telehealth appointments. This is a great option to utilize if you're unable to keep your weekly scheduled appointment. If a telehealth session is scheduled, your missed appointment will not count against you for the quarter. This can include a Google Meet session with your therapist and will be charged and billed through your insurance or whatever billing arrangements have been set up.

Please sign acknowledging receipt of this policy. Your signature is not required for implementation of this policy. We do, however, want you well informed of our policy. This policy may be amended/updated at any time. Attachment and Trauma Therapy dba Fox Child and Family Therapy will post the most current Missed Appointment/Cancellation Policy in our office.

ADDITIONAL INFORMATION FOR INSURANCE CLIENTS

We reserve the right to pause services if any issues with insurance eligibility and benefits arise. If you do not inform us of insurance changes prior to your appointment, you may be responsible for the session.

TELEPHONE ACCESSIBILITY

If you need to contact your therapist between sessions, please leave a message on his/her voicemail. Your therapist may not be immediately available; however, he/she will attempt to return your call within 24 hours. Please note that face- to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available. 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, we do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). We 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 you meet with your therapist.

RECORDINGS IN SESSION

At certain times it may be necessary for a therapist or intern to record the therapy sessions. This may be for treatment purposes such as submission to clinical supervisors, completion of degree requirements, etc. Anytime recording may occur it will be explained to you beforehand and require your explicit consent. You are not required to consent to recording your child or yourself. Refusal to allow recording may impair your ability to see a specific therapist or intern.

ARTIFICIAL INTELLIGENCE (AI)

As part of our health care operations, we utilize HIPAA-compliant artificial intelligence (AI) technology to record therapy sessions for the sole purpose of generating accurate and efficient session notes. These recordings are securely processed to create documentation that supports your treatment and complies with clinical standards. All recordings are automatically and permanently deleted in a timely fashion after

the notes are generated and reviewed, with no storage of audio or raw data beyond this process. This technology is provided by a HIPAA Business Associate who has signed a Business Associate Agreement ensuring the protection of your protected health information (PHI). We do not use your PHI to train AI models. This practice is fully compliant with HIPAA regulations (45 CFR Parts 160 and 164).

How Do We Use AI

AI tools are employed strictly for administrative and supplementary support tasks under the direct supervision of your therapist. These tools do not provide therapy, make independent clinical decisions, or interact with you directly.

The specific purposes for which we may currently and in the future use AI include:

- Drafting and Organizing: Assisting your therapist in drafting and organizing session notes.
- Scheduling and Reminders: Managing appointment scheduling and/or sending reminders.
- Financial Processing: Processing billing and insurance claims.
- Therapy Insights: Analyzing data to identify therapy trends and track progress, always reviewed by your therapist.
- Business Operations: Analyzing business information and generating reports or trends to help manage the business.
- Resource Identification: Helping to identify and organize external resources or referrals for your use.

Prohibited AI Uses in Our Practice

Our practice will *never* use AI for the following:

- Making autonomous therapeutic decisions or diagnoses.
- Directly providing therapeutic advice to clients.
- Generating treatment recommendations without the direct oversight, approval, and input of your licensed therapist.
- Detecting or interpreting client emotions or mental states.

ELECTRONIC COMMUNICATION

We cannot guarantee the confidentiality of communication through electronic media, including text messages and email. While we try to return messages promptly, we cannot guarantee an immediate response. Please do not use electronic communication to discuss therapeutic content or to seek help in an emergency. For your privacy, we will respond to messages only through TherapyAppointment secure messaging. If you have signed our HIPAA communication authorization and keep your phone number up to date, we may also contact you by text or phone for scheduling and appointment reminders only. We will not discuss clinical or private information by text. If you are experiencing an emergency, call or text 988, call 911, or go to the nearest emergency room.

Services provided by electronic means, including secure video and telephone, are considered telehealth and are governed by applicable federal law, the laws of Kansas and Missouri, and the rules of each state's professional licensing boards. Telehealth services are held to the same standard of care as in-person services. Your therapist must be licensed in the state where you are physically located at the time of the session. For this reason, your therapist will confirm your location at the start of each telehealth session, and sessions may need to be rescheduled if you are in a state where your therapist is not licensed.

If you and your therapist choose to use telehealth for some or all of your treatment, you should understand that: (1) you may decline or withdraw consent to telehealth at any time without affecting your right to future care or treatment; (2) all confidentiality protections that apply to in-person services, including those under HIPAA (45 CFR Parts 160 and 164) and state law, apply equally to telehealth; (3) you have the same right to access your records from telehealth services as from in-person services, and copies are available for a reasonable fee as permitted by law; (4) no identifiable images or information from telehealth sessions will be shared with researchers or other outside parties without your written consent, except as required or permitted by law; and (5) telehealth has benefits and limitations. Benefits include greater access to care, reduced travel time, and continuity of care when in-person sessions aren't possible. Limitations include your therapist's reduced ability to observe nonverbal and physical information that can be clinically important, and the possibility of technology interruptions. If your therapist determines that telehealth is not clinically appropriate for you, they will discuss in-person options or referrals.

MINORS

If you are a minor, your parents may be legally entitled to some information about your therapy. We will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

BEHAVIORAL EXPECTATIONS

Our clinicians prioritize client safety and well-being. In cases where a client's behavior presents potential dangers to their physical health, we will work closely with parents or guardians to discuss strategies for preventing harm. Our staff are not trained in physical restraint and will not use it under any circumstances.

Additionally, we maintain a safe and respectful environment for all. We do not tolerate misbehavior from parents, guardians, or other adults, including but not limited to threatening speech, cursing, harassment, or stalking of any kind. Such behaviors may result in immediate termination of services and, if necessary, involvement of appropriate authorities to ensure the safety of our staff and clients.

LOBBY EXPECTATIONS

No child under the age of 12 should be without the supervision of a parent or legal guardian in any of our lobbies or hallways. No child under 12 may at any point be dropped off by a parent, guardian, case-worker, or family member. At the therapist's discretion, parent/guardian supervision in the lobby may be requested for minors over the age of 12, for the safety of the minor and other children who may be in the lobby. *Reasons for such a request may include but are not limited to: trauma history, history of violent behavior, physical or intellectual impairments which may leave the child particularly vulnerable.*

DIVORCE AND CUSTODY

Your provider is not a custody evaluator and cannot make recommendations on custody. They may refer you to a list of licensed professionals with training and experience in custody evaluation if needed. The provider requires a copy of the current, standing court order showing custodial rights for each parent and/or the parenting agreement that is signed by both parents and the judge at the first intake session before the provider is able to meet with your child. The provider will need to communicate with the parent

who has legal, custodial rights to make medical decisions before the provider sees your child for evaluation or treatment. They will need to obtain written consent from the legal guardian(s) for the child to participate in counseling. It is preferred as best practice to have contact with both parents prior to seeing the child.

TREATMENT PLANNING AND PARENTAL AUTHORIZATION

Definition of the Primary Parent

For the purposes of **treatment planning,** the Primary Parent is defined as the individual who completed the initial intake paperwork and serves as the main point of contact for **treatment plan signatures**.

- In Joint Legal Custody: While we require the signature of at least the Primary Parent on the **treatment plan** to proceed with care, we value and welcome the active participation of both parents. We invite both legal guardians to review, discuss, and sign treatment plan updates to ensure a collaborative and consistent approach to the child's well-being.
- Documentation: Parents must provide the practice with the most recent legal custody agreement or parenting plan to ensure clinical records accurately reflect legal decision-making authority.

90-Day Treatment Plan Updates

To ensure your child is receiving the most effective and relevant care, we update treatment plans every 90 days. These updates review progress toward goals, adjust therapeutic interventions, and determine the necessity of continued care.

Signature Requirements & Compliance

Clinical and ethical standards require that a parent or legal guardian review and approve the treatment plan every 90 days.

- Minimum Requirement: At least one parent with legal medical decision-making authority must sign the update.
- Timeline for Compliance: If a signature is not obtained within 14 days of the treatment plan update being issued, services will be placed on a formal 14-day clinical pause. During this pause, no sessions will be scheduled.
- Administrative Discharge: If the treatment plan remains unsigned at the conclusion of the 14-day pause (28 days total from the date of issue), the client will be administratively terminated from the practice. A list of referrals for outside care can be provided upon request at that time.

Delivery Methods

To make this process as seamless as possible, we utilize the following secure methods for document delivery:

- TherapyAppointment Client Portal: This is our preferred method. You will receive a notification to log in and electronically sign the document.
- Encrypted Email: In specific cases, particularly those involving joint legal custody where both parties wish to view the document simultaneously, we may send the plan via a HIPAA-compliant, encrypted email service.
- Hard Copy: A parent/guardian may sign a hard copy of the treatment plan in session with the

therapist and it will be uploaded to the client's TherapyAppointment chart.

TERMINATION OF SERVICES

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. We may terminate treatment after appropriate discussion with you and a termination process if we determine that the psychotherapy is not being effectively used or if you are in default on payment. We 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, we 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, we must consider the professional relationship discontinued.

SUD DISCLAIMER

Our clinicians are not specialized addiction counselors, and our practice does not offer specialized treatment for primary substance use disorders.

While mild substance-related concerns may be addressed alongside primary mental health goals when clinically appropriate, ethical standards require our practice to refer out the therapist determines the client's primary needs fall outside the scope of expertise. If a referral is deemed necessary, the therapist will inform the parent(s) or legal guardian(s) and provide external resource options.

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

Name: _____

Relationship to Client (if client is a minor): _____

_____

Client Signature

_____

Date