

The Wholeness Institute

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POLICIES AND PROCEDURES **Updated and Effective 7/1/17**

1. **Telephone procedures:** Dr. Sikora's hours are Tuesday through Thursday, 10:00 am to 6:00 pm, 8:00 am to 2:00 pm Friday. Messages may be left for her at any time; however, if she is unable to return your call prior to 6:00 pm on the day you leave a message, you will probably hear from her the next business day. If you need a return call the same day, please state in your message that you would like a call the same day. Please be aware that some calls may be made/returned from the practice manager, Angie Read, with a phone prefix of 706.

If a medical emergency arises call 911. If a **mental health emergency** arises and you must speak with Dr. Sikora before the next business day and it is after the above business hours, please call Dr. Sikora's cell phone at 602-312-4522. Dr. Sikora's cell phone is to be used for crisis only unless otherwise specified. Please respect her time after hours and weekends. She is happy to be there for you in an emergency but if you are contacting her for any other reason, please do so via a message to the **office phone**. It may take her several hours to return a call. If you cannot wait for a return call, you can call the Maricopa County Crisis Line at 602-222-9444.

PLEASE NOTE: IF YOUR PHONE DOES NOT ACCEPT BLOCKED CALLS THERE MAY BE A DELAY IN OUR ABILITY TO RETURN YOUR CALL. PLEASE REMOVE THE BLOCK OR PROVIDE AN ALTERNATIVE PHONE NUMBER.

2. **Cancellation policy:** A 24-hour cancellation policy is standard practice for therapists. This is different from many medical doctors, who can see many people in an hour and, therefore, can afford to be more flexible.
Individual/Couples/Family session: Copays do not apply to late cancellation/no show appointments as we cannot bill insurance. The full fee must be paid at your next appointment.
When an appointment is cancelled less than 24 hours before it is scheduled, it is generally impossible to find a replacement. If you need to make a change to a scheduled appointment after business hours or over a weekend, please do not text Dr. Sikora, instead call the office line and leave a message.
3. **Contact Between Sessions:** During life, we can go through very difficult times and sometimes due to the intensity of therapy, individuals may need contact with Dr. Sikora between sessions. She realizes this and wants to be available for you. However, it is also important to try tools discussed for general stress first. If texts, calls, and emails become excessive (generally over 2 per week, or any over 10 minutes each) then additional fees will be assessed and cannot be billed to insurance. The same fee schedule applies to any phone calls with Dr. Sikora exceeding 10 minutes.
4. **Social Networking:** Dr. Sikora has a strict policy of not interacting with clients on Facebook, LinkedIn, Pinterest, Google+, Tagged, Instagram, or any other social networking site. Although she does offer a Facebook *professional page* for clients and many others interested in information or weekly thoughts or ideas, these do not connect to her personal accounts. Please be aware of limitations to your confidentiality in sharing comments or otherwise interacting on the Facebook professional page. Although we do not share anyone's name or whether they know the practice

as clients or someone who joined who was not a client, your confidentiality is limited to a degree. Be very careful in posting any comments (and much of it is blocked to protect your confidentiality).

Sharing as friends on personal accounts is not within what are considered strong professional boundaries. This is really to protect you, as we are sure you want to know you have space to have relationships and experiences that you may not want to share in therapy, and we want to protect the relationship to keep it as therapeutic as possible for you. Thus, if you send a request to friend or link, please know that all requests from clients are ignored. Please be aware this policy also remains in effect after your therapy is terminated. This is not a personal slight toward you, but a professional boundary with all clients.

- 5. Communication:** See separate communication policy. Please note that we cannot guarantee confidentiality for any messages sent via cell phones, this particularly includes texting or emails. There is no guarantee of privacy as anyone can read messages or get into someone's account, so please read the communication policy (separate) very carefully and make choices that you feel comfortable with assuming the risks in. For your safety, we recommend only calling from a landline as suggested by HIPAA.
- 6. Fees & Payment:** Fees are discussed with each client prior to the first session. Payment for each individual, family, or group therapy session is due in full at the time the service is provided. Payments are accepted by cash, check, Visa, or MasterCard (debit or credit cards). Most HSA or HFA cards can also be run.

Fees are based on the amount of time reserved with your therapist. Fees do not provide a guarantee of outcome of services. No guarantees are made implicitly or explicitly. Please read your treatment plan carefully for a full informed consent related to effectiveness of therapy.

NSF Returned checks: Our bank processes checks 2 times in the event a check is returned for insufficient funds. You will be responsible for the fees incurred through our bank for the NSF and reprocessing, the original amount of the check, and a \$25 penalty fee. If we receive a second insufficient funds check, you must pay all future sessions by cash, cashier's check, money order, or debit or credit card.

- 7. Billing:** If in the rare situation that we have agreed to payment arrangements for your balance in lieu of immediate payment for services, and you have an outstanding balance on an account, we will bill you monthly, with payments expected in a timely manner within 10 days. Any unpaid accounts will be billed monthly for a two-month period. If a response is not received within 30 days of the second notice, we feel we have no recourse but to send these accounts to our collection agency. We sincerely hope we do not have to take this action. In addition, if your account has been in arrears for greater than 30 days then your account will be billed with an additional 22% annual interest rate, compounded monthly. *Please discuss payment concerns with your therapist before this time to prevent such action.* We are also beginning to ask for credit card information to be held on file for balances not paid. We will discuss this with you individually.
- 8. Insurance clients:** It is our policy that clients pay the charge in full at the time of service unless we are an in-network provider for your insurance company. If that is the case only the copayment or deductible will be due at each session. If we are not on your carrier's in-network list then you will be provided a "super bill" which you can then submit to your insurance carrier for reimbursement. We are also willing to courtesy bill your insurance company with whom we are not a provider but **only** if they accept electronic billing. We request they reimburse you directly but cannot guarantee they will follow this. However, it is now policy of most insurance carriers to only reimburse the client if we are not within their network. **It is important to understand that even if**

your insurance company or your employer changes their policies or benefits, you are still responsible for the full session fee. If you have any questions related to this please discuss it ahead of time with our practice manager, Angie Read, or Dr. Sikora.

9. **Report Writing:** If you have reports which need to be written to share with other providers, attorneys, or other professionals, please be advised that any report that exceeds two pages will incur a fee. The fees will be billed at Dr. Sikora's regular hourly rate and will not be reimbursable by insurance.
10. **Your Records:** You have the right to a copy of your records at any time, or a copy of your minor child's records. You will need to provide a written request and we will provide them in a timely manner (within 30 days). Please either fax the request to 602-996-4903 or send it by mail to: 6501 E. Greenway Parkway, #103-529, Scottsdale, AZ 85254. Please note that there are several limitations to this in Arizona Statute 12- 2293 including but not limited to: the release of information obtained from a party other than yourself, or if it is believed you or another could be harmed by review or release of them. If you wish a copy of your records released to another professional you will need to sign a specific form. There is no fee for records provided another mental health or medical practitioner. **There is a fee for all records provided to you based on the file size. The fee is .25 per page and must be paid at the time the file is released.** Please call the office at 602-508-9190 to begin this process.

Our records are maintained per Arizona Revised Statute 12-2297, thus for 6 years past the last date of service for adults and children; however, if a child was under the age of 18 when last seen then records must be kept for 3 years past a child's 18th birthday. If the practice is sold or closed we will make a reasonable attempt to keep the records for the same time period.

If you cannot locate Dr. Sikora after the time you have terminated therapy, or should she become ill or disabled, please contact Dr. Robin B. Dilley at 602-564-1919 for additional information about how to access your records.

Additional Fees: Charges may be incurred when copies of files or written reports are requested by Social Security, insurance companies, attorneys, and others excluding other medical or mental health provider offices. The charges will be based on actual cost to photocopy as well as the hourly rate of \$175 for the number of hours the therapist must use to prepare such files. See above #9 regarding fees for reports. There will be an additional fee for all reports prepared and this is based on our time at \$175 per hour. If there is a legal reason for the release of records, i.e.: an attorney asks for them, special arrangements and fees apply.

Should Dr. Sikora be required to testify at court related to your care here, and she will do so only when subject to subpoena, please be aware there is a separate fee structure for this and you will be billed and must pay ahead for all preparatory time, meetings with your attorney, and/or time to/from/in court.

11. **Dr. Sikora's Credentials:** Please refer to my website at: www.thewholenessinstitute.com for full information on my credentials and experience.
12. **Mental Health Rights under HIPAA:** Your records are considered Protected Health Information (PHI) under HIPAA and as such you have certain rights. The more stringent of State or HIPAA rules apply. If you would like a complete listing of all HIPAA law as related to your Mental Health records, please view the copy posted on our website at www.thewholenessinstitute.com/forms.

13. **Supervision & Peer Consults:** Dr. Sikora periodically consults with a peer professional on cases as recommended by the State of Arizona and her ethical guidelines. Occasionally your case may be presented at these sessions. Except in very unusual circumstances, we do not share last names during these consultations. You have the right to contact your therapist's peer professional at any time. Please ask Dr. Sikora for the name and phone number should you wish to talk with the peer professional. The peer professional must conform to the same guidelines as outlined in the "Limits of Confidentiality".

14. **Electronic Recording of Sessions:** Although we do not typically audio or videotape or otherwise electronically record sessions if we should do so you will be notified before recording begins and have the right to refuse it at any time.

If you have any questions related to any of the above policies, or something that does not come up, please feel free to bring it up with Dr. Sikora. She is always glad to talk with you about boundaries and policies within the therapeutic relationship.