



**SECURE
HAVEN
CARE**

PROGRAM EXPECTATIONS & RESPONSIBILITIES

APPOINTMENTS AND CANCELLATIONS

The standard meeting time for psychotherapy is 55 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 55-minute session needs to be discussed with the therapist in advance. A \$10.00 service charge will be charged for any checks returned for any reason for special handling. Please remember to cancel or reschedule 24 hours in advance. **No call/no showed appointments will be subject to a full session fee. Cancellations and re-scheduled appointments will be subject to a full session fee, if not received at least 24 hours in advance.** This is necessary because a time commitment is made to you and your appointment slot is held exclusively for you. If you are late for a session, you may lose some of that session time. If you are late by 15 minutes or more, your session will need to be rescheduled.

TELEPHONE ACCESSIBILITY

Please note that face- to-face or video 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 you need to contact your therapist between sessions, please leave a message on your therapist's confidential voicemail. Often, your therapist will not be immediately available; however, your therapist will attempt to return your call within 24 hours or one business day. SHC does not provide on call or emergency services. **If you are in crisis, do not leave a voicemail message; instead, hang up and call 911.** If a true emergency situation arises, please call 911 or go to any local emergency room.

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and the importance of minimizing dual relationships, your therapist does not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). This is SHC policy, because we believe that adding clients as friends or contacts on these sites can compromise client confidentiality and client's and therapist's respective privacy. It may also blur the boundaries of your therapeutic relationship. If you have questions about this, please bring them up when you meet with your therapist.

ELECTRONIC COMMUNICATION

SHC 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, we will try to accommodate you. While your therapist may try to respond to messages in a timely manner, SHC cannot guarantee a timeframe for

response. **Do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.**

MINORS

If you are a minor, your parents may be legally entitled to some information about your therapy. Your therapist will discuss with you and your parents/guardians what information is appropriate for them to receive and which issues are 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. Your therapist may terminate treatment after appropriate discussion with you and a termination process is established, if your therapist determines that the psychotherapy is not being effectively used or if you are in default on payment. Your therapist 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, your therapist 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 or attend a therapy session for three consecutive months, unless other arrangements have been made in advance, due to legal and ethical reasons SHC must consider the professional relationship to be terminated.

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

Printed Name Date

Signature

Relationship to client: _____

**Secure Haven Care Behavioral Health
150 E Wilson Bridge Rd
Suite 250
Worthington, OH 43085**