

This document serves to orient you to the practice policies of Lauren Queen, MA, LPC, LCPC (Licensed Professional Counselor, Licensed Clinical Professional Counselor) and Abounding Grace Counseling, LLC. This Practice Policies document supersedes all prior versions of the Practice Policies document. Please read and indicate that you have reviewed, understand, and agree to this information by signing and dating page two of this document.

Appointments and Cancellations

Scheduling can be done through your online SimplePractice portal at <https://counselorqueen.clientsecure.me>, through the "SimplePractice Client Portal" app (for iPhones only), in your therapy session, or by phone call. Please remember to schedule, reschedule, and/or cancel your appointments at least 24 hours in advance. At the therapist's discretion, you will be charged a cancellation fee in the amount of \$60.00 if you do not provide 24 hours prior notice and do not appear at your appointment, or if you cancel or reschedule your appointment with less than 24 hours notice. This is necessary because a time commitment is made and held exclusively for you. If you are late to an appointment you may lose some therapy time and your insurance may not cover your session. You will be responsible for payment for any session that is not covered by insurance.

Clients typically begin counseling with weekly sessions. The standard meeting time for psychotherapy is 45 minutes for non-EMDR therapy sessions and 60 minutes for EMDR therapy sessions. At times you may need longer than a 45-minute appointment; the clinician will determine your specific needs at the time of session.

Illness Policy

You understand that I am committed to keeping you, me, our families, and other clients safe from the spread of illness. To obtain services in person, you agree to take certain precautions which will help keep everyone safer from exposure to sickness, and possible death. I will also abide by these precautions. By signing this document you indicate that you understand and agree to only keep your in-person appointment(s) if you do not have symptoms of illness including, but not limited to, fever, cough, body aches, chills, and vomiting. If you become ill, you agree to abide by the current CDC guidelines regarding isolation, quarantining, masking, etc. You agree to notify me immediately via phone or the portal messaging system if you have symptoms of illness. You may change your appointment to Telehealth or cancel the appointment without incurring a late cancellation fee. If your late cancellations due to illness exceed two per year, we may need to reconsider the waiver of the late cancellation fees and I will discuss this matter with you at that point in time. Please remember that insurance reimbursement for Telehealth services is determined by the insurance companies and applicable law, so we may need to discuss how Telehealth services may impact your payment for services rendered. If you show up for an appointment and I believe that you have symptoms of illness, I will have to require you to leave the office immediately.

You understand that by coming to the office for in-person meetings you are assuming the risk of exposure to the coronavirus and/or other public health risks. By coming to an in-person meeting and by signing this document, you acknowledge that you have been warned of the possibility that you may become exposed to the coronavirus and/or other illnesses, and you waive any claim for any injury you may suffer arising out of the coronavirus and/or other illness, even if Abounding Grace Counseling, LLC was negligent in causing your infection or injury. You are further warned that in becoming infected with the coronavirus or other illness, you may infect others with the virus and you agree to indemnify and hold Abounding Grace Counseling, LLC harmless from any third party who claims that their infection arose from your in-person meeting at my office, including claims that Abounding Grace Counseling, LLC was negligent.

Contact Methods

I counsel Mondays through Thursdays at 12:30pm-8pm. All billing and scheduling matters can be addressed through your online portal at <https://counselorqueen.clientsecure.me>. Should you need further assistance you may call me at (314) 910-7601. I do my best to respond to clients within 24-48 hours, weekends/vacations excluded. If a life-threatening emergency arises, please call 911 or go to the nearest emergency room. If you experience a mental health crisis, please contact the Behavioral Health Response Hotline at 800-811-4760.

If we accidentally see each other outside of the therapy office I will not acknowledge you first in order to maintain your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but please understand that it is generally not appropriate to engage in any lengthy discussions in public or outside of the therapy office.

Telephone Accessibility

Face-to-face sessions are highly preferable to phone sessions. However, in the event that you are sick or need additional support, Telehealth and/or phone sessions are available. Please note that some insurance plans cover Telehealth sessions, and some do not. Telephone sessions are typically not covered by insurance. Such sessions will be billed by the therapist at a rate of \$1/minute. If a true emergency situation arises, please call 911 or go to your nearest 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 potential, current, or former clients on any social networking sites (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. However, I do have a YouTube channel @unTUCKERedOut that contains videos with my therapy dog, Tucker, on various mental health topics. I may at times provide you with links to these videos if I feel they may be helpful for you and applicable to your mental health goals. By signing this document, you are acknowledging that you understand that if you choose to watch these videos, subscribe to this channel, and/or engage in this YouTube channel you are doing so voluntarily and at your discretion. Please note that if you comment on this YouTube channel and I am aware that these comments are from you/a client, I will delete and decline publishing your comments. This channel content is free for you to access, but I want to be clear that in the future this channel may become monetized. This means that once this YouTube channel reaches over 1,000 subscribers and has over 4,000 watch hours I will begin receiving monies from advertisements that YouTube places on my channel. I do not endorse these advertisements nor do I have control over what advertisements may appear, as these advertisements are determined by YouTube and are based on the end user's metrics.

Electronic Communication

As a condition of the services to be provided, I will not be responsible for the confidentiality of any form of communication through electronic media, including email or text messages, that occur outside of the Simple Practice client portal. Therefore, please communicate solely through the portal or phone calls. While I 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. By choosing to communicate via phone calls or email you are granting Abounding Grace Counseling, LLC or Lauren Queen, MA, LPC, LCPC permission to send and/or receive messages to those email address(es) and phone number(s).

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. When using information technology for some or all of your treatment, you need to understand that:

Electronic Communication (continued)

1. You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
2. All existing confidentiality protections are equally applicable.
3. Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.
4. Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.
5. There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally to the therapist.

Termination

Counseling is a voluntary service, and you may terminate our counseling relationship at any time. 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 with you. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists. You may also select another therapist on your own or from another referral source.

Should you fail to schedule an appointment for 4-8 consecutive weeks, for legal and ethical reasons I must consider the professional relationship discontinued (unless other arrangements have been made in advance). At that time, I will assume that you are no longer interested in counseling and your case will be closed. Unless I have specifically referred you to another provider and/or I do not have room in my caseload at the time you desire to return, you are always welcome to reach out and we can reopen your file. Please note that your record will be destroyed five years after the date of your last contact with me unless your insurance company requires a different destruction date and/or if state or federal laws and regulations change their requirements since the date this document was signed.

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

Client Signature

Date