

## **Client Services Agreement and Practice Policies**

### **1. Introduction**

Juniper Counseling, LLC is owned and operated by Andrea Caggiano, LCSW, LAC. Please read this document carefully as it contains important information about Juniper Counseling, LLC professional services and business policies. When you sign this document, you acknowledge and agree to follow all Juniper Counseling, LLC business policies and practices.

**Purpose:** This document outlines the terms and conditions for therapy and consulting services provided by Juniper Counseling, LLC.

**Agreement:** By signing this agreement, you acknowledge and consent to the terms outlined herein.

### **2. Financial Agreement and Fee Schedule:**

Please review this Fee Agreement and Financial Policy (the “Agreement and Policy”), which describes the schedule of fees for therapy services, non session related charges and additional fees for Juniper Counseling, LLC. Please be sure to read the Agreement and Policy carefully as to understand the policies regarding cancellations and missed appointments, methods of payment, out of network insurance reimbursement, and past due accounts. If you have any questions, please ask questions prior to signing this Agreement and Policy.

*\*\* Therapy rates (and corresponding health insurance billing codes if clients chose to use superbills)\*\**

- 90791 Initial Intake- Individual or Relational Therapy (55 min.) - \$150.00
- 90834 Individual Therapy (50 min.) - \$150.00
- 90847 Couples/Relational Therapy (50 min.) - \$150.00
- 90847 Extended Couples/Relational Therapy (80 min.) - \$225.00
- Clinical supervision-\$150.00
- 90853 Group Therapy- \$30/meeting

*\*\* Non Session Related Charges\*\**

- Court prep fee: \$250 per hour
- Subpoena/Testifying: \$400/hour (2-hour retainer required, plus drive time)
- Medical Records Request: \$150 per hour
- Completion of Documents excluding court preparation i.e. disability, letters, etc.: \$150 per hour
- Consultation (IEP, coordination of care, family meetings): \$150 per hour
- Case Management\* \$250.00 (pro-rated per 15 min.)

*\*Case Management includes indirect services provided by Juniper Counseling, LLC outside session times such as consultations with other providers made at clients request (for which a*

written authorization for disclosure of confidential information is required), coordinating adjunct services, and completing forms or reports.

***Testimony, Court Orders & Appearances Limitations on Court Testimony:***

***Please note that I do not provide testimony or written reports for custody hearings or family law matters. These issues are outside the scope of my professional practice and expertise. I am not available for expert testimony in any legal proceedings. My role as a therapist is to provide therapeutic services, not to serve as a forensic or expert witness.***

***Any request for court testimony, depositions, or the release of records will require a retainer fee listed above, signed release of information form and a clear understanding of the scope and limitations of my participation.***

***General Limitations regarding Legal Testimony:***

***I will not provide testimony regarding therapeutic progress, mental health diagnoses, or treatment outcomes unless required by law and upon signing a release of information.***

***Court orders compelling testimony or the release of information must be handled with the strictest regard to confidentiality and legal requirements. I reserve the right to consult with legal counsel regarding any requests.***

***Cancellation Fees- Any scheduled court appearances or depositions canceled within 1 week from the scheduled appearance, will result in forfeiting the retainer fee for the reserved time, due to limited ability to fill those time slots. By engaging in therapy, clients agree to these limitations and acknowledge the boundaries of my professional role in any legal matters.***

***\*\* Additional fees \*\****

- Late cancellations - (fewer than 48 hrs. prior to appointment) - \$150.00
- No Show - \$150.00
- Past-due accounts - over 90 days - \$25.00 per month

Please note: These rates and fees are subject to change at the discretion of Juniper Counseling, LLC. It is typical for rates to increase yearly due to the changing market and/or cost of living. Clients will be notified 30 days in advance of any changes in rates.

***\*\* Payment \*\****

Client will be expected to pay for each session in full at the time of services. Accepted methods of payment are cash, check, or credit cards.

If the credit card on file declines, and client has not paid the session fee by cash or check at the end of the session, there will be only one follow-up session scheduled until payment is received.

All recurring appointments following the one follow-up session will be paused until full payment is made.

### **Superbill and Insurance-Related Policies**

**\*\***

#### *Medicaid*

**\*\***

Juniper Counseling, LLC is not in network with any insurance carriers at this time. Please note that Juniper Counseling, LLC is unable to accept Medicaid clients who wish to self pay. In the state of Colorado, it is illegal to self pay for services that could be otherwise covered by Medicaid. Those who do so risk losing their Medicaid benefits. Client agrees to inform Juniper Counseling, LLC of insurance changes and to inform Juniper Counseling, LLC immediately if they apply for Medicaid benefits

#### ***\*\*Commercial Insurance/Superbills\*\****

A superbill is an itemized receipt provided to clients who wish to submit claims to their insurance company for out-of-network reimbursement. Depending on the current health insurance provider or employee benefit plan, it is possible for services to be covered in full or in part. Please contact the insurance provider to verify how the plan compensates clients for out-of-network psychotherapy services. If you plan to utilize your out-of-network insurance benefits, please be aware of the following policies:

1. Requesting a Superbill: It is your responsibility to inform us if you require a superbill for insurance purposes.
2. Diagnosis Requirement: Insurance companies require a mental health diagnosis before they will reimburse for services provided. If you wish to use your out-of-network benefits, please inform your clinician within your first three sessions so they may determine if you meet the criteria for a mental health diagnosis. Please know diagnoses cannot be applied retroactively after the first three sessions have taken place.
3. Insurance Audits and Documentation: By requesting a superbill, you understand that it will include sensitive information such as your mental health diagnosis, dates of service, and provider details. Additionally, submitting a superbill to your insurance may open your clinical records to potential audit or review by your insurance company.

Please feel free to ask questions or discuss any concerns about these policies before making a request. Your understanding and cooperation are appreciated to ensure clarity in this process.

Client is responsible for:

- (1) obtaining authorization for treatment and coverage;
- (2) filing superbills with insurer; and

(3) receiving reimbursement payments from the insurer. Client is responsible for informing Juniper Counseling, LLC of any changes in insurance information.

*Please note that Juniper Counseling, LLC does not offer sliding scale or reduced-fee rates.*

### **3. Cancellations and No-Shows:**

We ask for 48 hours notice to cancel or reschedule an appointment in order to avoid being charged for the missed session. While we understand that illness and other conflicts may arise, your appointment time has been reserved for you and cannot be utilized for other clients on short notice. You may notify Juniper Counseling, LLC of cancellation by phone, e-mail, or text message. Late cancellations (fewer than 48 hours before the appointment) and no shows will incur the full session fee. Client will be notified of any late cancellation or missed session fees that you incur, which will be charged to your credit card on file.

Your therapist is very attentive to text and emails and so a minimum of 48 hours' notice is expected. Your therapist will confirm receipt of this cancellation, and attempts will be made to reschedule, but it is ultimately your responsibility to reschedule once options have been provided. You receive email or text reminders 72 hours before the session and it is your responsibility to show up for your scheduled time or cancel in a timely fashion.

No accommodation or fee reductions will be made once the charge has been applied, which occurs 15 minutes after the start of the session, if your therapist has not heard from you. If you are going to be late to your session, please let your therapist know. Your therapist is willing to hold the slot until you arrive and will continue the session up to 15 minutes after the start of the session, after which time you will be charged for the session. Clients are expected to pay the full session cost for their session, if they are late or need to leave early from session. No exceptions will be made to the rate/fee. If you are more than 15 minutes late and do not contact your therapist past the 15minute mark, or until well after the session, you will be charged a no-show fee, per policy.

It should be noted that patterns of misses, illness or emergencies do not exempt you from payment and could result in a cancelation charge and/or termination of service. Missing treatment impacts your outcomes towards your goals and does not align with my business practices. Talk with your therapist about barriers to treatment to see if there is additional support or problem solving that can be implemented to improve your outcomes. Communication is also an important and necessary part of maintaining this therapeutic relationship.

If a pattern of missed appointments and/or lack of communication persists to effectively cancel sessions, and/or 2 or more missed/late canceled appointments occur, you will be charged the late cancelation fee and may be subject to termination of services with this provider as this pattern impacts your working relationship and treatment outcomes.

#### **4. Past Due Amounts**

Amounts past due by more than 30 days will incur a late fee of \$25 for each month the balance remains unpaid. If the account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, Juniper Counseling, LLC may resort to legal means to secure payment. This may involve hiring a collection agency, an attorney or going through small claims court. If such legal action is necessary, client will be responsible for those costs.

#### **5. Credit Card on File**

Upon scheduling the first appointment client will be asked to provide credit card information via the Client Portal. Credit card information is stored electronically with secure, encrypted software that meets HIPAA standards for protection of confidential information. The card on file is to be used for charges incurred for sessions fees, late cancellations, no show appointments, returned checks, or past due account balances. Clients can view account activity, invoices, and account statements on the Client Portal. By accepting this Agreement and Policy, and by entering your credit card information on the Client Portal, client is authorizing Juniper Counseling, LLC to charge the card as needed according to the terms specified in this Agreement and Policy.

#### **6. Good Faith Estimate**

In compliance with the No Surprises Act (NSA) that went into effect January 1, 2022, Juniper Counseling, LLC is required to notify all healthcare consumers of their federal rights and protections against “surprise billing,” or unanticipated medical bills.

This act requires that providers notify clients of federally protected rights to receive a notification when services are rendered by a non-participating provider and provide options to receive care from an in-network provider if one is available. Juniper Counseling, LLC, is out of network with all insurance carriers. Clients may choose to use another provider in network with their insurance for therapy. Additionally, Juniper Counseling, LLC, is required to provide clients with a Good Faith Estimate of the cost of services for the duration of treatment. It is difficult to determine the true length of treatment for mental health care. As a strength-based and client-centered practice, Juniper Counseling, LLC, empowers clients to determine their own course of mental health treatment, including, but not limited to: frequency of treatment, choice of clinician and length of service.

The Good Faith Estimate includes:

- Description of anticipated services
- Outline of any potential charges
- Diagnosis and service codes
- Estimation of treatment time
- Necessary disclaimers

**What if billing is different from the Good Faith Estimate?**

During treatment with Juniper Counseling LLC, clients may request a new Good Faith Estimate at any time. Client and provider may discuss care and client may choose to extend treatment or increase or decrease the frequency of therapy sessions. Juniper Counseling LLC will also be able to provide updated Good Faith Estimates upon your request.

If billing is more than \$400 different from the estimate(s) you have received, you may contact: The State of Colorado at [help@cohealthinitiative.org](mailto:help@cohealthinitiative.org) or <https://www.cms.gov/nosurprises/Ending-Surprise-Medical-Bills>

### **What if a client disagrees with the Good Faith Estimate?**

Receiving an estimate does not mean that a client is committing to receive care from Juniper Counseling, LLC. Clients have the right to seek care from another provider for any reason at any time. If clients do not agree with or approve of the terms and conditions in the provided estimate, clients may decline care without penalty.

### **Good Faith Estimates will be distributed at the following times:**

**-Yearly, on or around January 1**

**-When provider initiates fee raises**

**However, clients may request Good Faith Agreements at any time. To receive a**

**Good Faith Estimate, contact Juniper Counseling at (970) 834-3886.**

## **7. Termination**

If you are an ongoing client of Juniper Counseling, LLC, you should attend at least a minimum of 1 scheduled session a month per the standard for outpatient services. Your length of treatment is determined by many factors including your identified goals, motivation and investment in treatment, diagnosis, and type of treatment etc. You are an integral part of your treatment and so there should be ongoing discussions about your progression and frequency of sessions that fit for you. Please communicate with your provider if there are things about the session that are not working for you or that you need, or if at any time you would like to change the session frequency to accommodate your circumstances or needs.

Sometimes providers are just not a good fit and that is okay. Feel free to ask about referrals for other providers who may be a better fit and arrange with your provider to cancel future sessions, so that you are not charged a no-show fee. Your provider may determine that a different therapeutic approach or perspective would better support your progress toward your goals. In

such cases, they may recommend adjunct therapy or refer you to another therapist who can meet your unique needs. Please know this recommendation is made with your best interest in mind, recognizing that at times, clients benefit from a new therapeutic modality or fresh insight that another provider may offer. If you do not attend your last scheduled session, your provider will reach out to offer available session days/times and if you have not responded or have not rescheduled within a month after canceling your last scheduled session, your provider will assume that you are choosing to terminate your treatment and no longer be liable for your care and you will be archived as a client. Consider this your notice of termination in this case. To reestablish care, please reach out via email at [junipercounselingftcollins@gmail.com](mailto:junipercounselingftcollins@gmail.com) to see if I am taking clients. If it has been several months, you might need a new intake to establish care as many changes may have occurred in your life, including your goals. If I am not able to meet your needs, I will gladly offer you additional resources or therapy referrals. If your provider terminates your treatment for any other reason outside of what was listed above, you will receive an email confirming that you have been discharged from treatment with possible referral options to continue treatment.

Reasons your provider may terminate treatment: (Not all may be listed)

- If you no show/late cancel 2 consecutive appointments within 60 days; you may be released from my provider's care.
- If you are not making the progress we discussed towards your goals, are not implementing skills/resources discussed in treatment, it may be necessary for us to reassess our therapeutic relationship. It's important that we work together toward meaningful change, and if neither of us see the necessary shifts, we may need to consider whether continuing our sessions is the best path forward.
- If you are unable to consistently pay for sessions at the time of service, and do not have an active credit card on file that is able to accept payments (declines more than once) and incur an outstanding bill, you may be released from your provider's care for not upholding Juniper Counseling, LLC's, policy agreements.
- If you demonstrate poor boundaries or threatening behaviors towards your provider (i.e. attempts to contact via social media, comes to home, inappropriate behavior in session towards therapist, uses abusive/sexually explicit language or behaviors when communicating with therapist in or out of therapy session, etc.) our therapeutic relationship will be dissolved immediately, and you will be released from my care.

## **8. Risks and Benefits**

Therapy is not like a medical doctor's visit and instead calls for you to be an active participant in the process, both in sessions and between sessions. Therapy can have benefits and risks. Therapy often involves discussing difficult topics and can bring up feelings of sadness, anger, guilt, or hopelessness. However, therapy often has benefits to the people who experience it and may lead to better relationships, solutions to specific problems, and reductions in negative feelings. There is no guarantee that therapy will yield positive results. Every effort will be made to provide you with a positive and healing experience, but every therapy experience is unique and varies among individuals. If you ever have questions or concerns about the therapy work, we are doing, please feel free to discuss those with me. If we determine that you are not benefiting from therapy or need a different level of care, I will help you in finding appropriate referral resources.

Benefits: Improved mental health, coping strategies, personal growth, enhanced relationships.

Risks: Emotional discomfort, confronting difficult issues, potential worsening of symptoms.

## **9. Notice of Privacy Policy**

This notice went into effect on October, 15, 2021

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **I. MY PLEDGE REGARDING HEALTH INFORMATION:**

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.



## II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

## III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

- Psychotherapy Notes. I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
  - a. For my use in treating you.
  - b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
  - c. For my use in defending myself in legal proceedings instituted by you.
  - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
  - e. Required by law and the use or disclosure is limited to the requirements of such law.
  - f. Required by law for certain health oversight activities pertaining to the originator

of the psychotherapy notes.

g. Required by a coroner who is performing duties authorized by law.

h. Required to help avert a serious threat to the health and safety of others.

- Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
- Sale of PHI. As a psychotherapist, I will not sell your PHI in the regular course of my business.

#### IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

- When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
- For health oversight activities, including audits and investigations.
- For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
- For law enforcement purposes, including reporting crimes occurring on my premises.
- To coroners or medical examiners, when such individuals are performing duties authorized by law.
- For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
- Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
- For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.

10 Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

#### V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

- Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

#### VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

- The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.
- The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
- The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
- The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.
- The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.
- The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
- The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

Disposition of Record: If the therapist is not available to handle her records due to disability, illness or death or termination of practice, then her estate will designate to another appropriate designee to handle the disposition of records.

- Once the 7-year rule has been met, all records containing client identifying data will be destroyed

#### Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

#### **10. Electronic Communication**

- Confidentiality extends to communications via text, email, telephone, and other electronic means. However, please be aware that while reasonable security measures are implemented, we cannot guarantee the confidentiality of these communications. There is a risk that a third party may access our communications and the information you share should be limited to scheduling purposes.
- Text messages are to be used for administrative purposes only, such as appt reminders, scheduling or changing appointments, billing issues, and other such issues. Please do not email or text about clinical matters; if you need to discuss a clinical matter, please call so we can discuss it on the phone or wait until your next scheduled appointment.
- If you would like to receive text or email reminders for the session, want to include limited text or email communication, you will be asked to sign a consent and acknowledgement of risk.
- If you schedule an appointment or communicate with Provider via email, you are automatically consenting for Provider to respond to your email utilizing the same method, even if you have not completed the email/ text consent you will receive in conjunction with this Agreement.

#### **10. Scheduling Procedure Appointments scheduled via text, email, or client portal.**

- All required paperwork and autopay must be completed a minimum of 2 days prior to the first appointment or you risk your initial session being canceled.
- As a courtesy, future session/services will be scheduled at the time of service.

· It is your responsibility as client to make sure that you have future appointments scheduled and this can be done by phone by texting your provider at 970-834-3886, or by emailing [junipercounselingftcollins@gmail.com](mailto:junipercounselingftcollins@gmail.com), or through the client portal on the website: [www.junipercounselingsolutions.com](http://www.junipercounselingsolutions.com).

### **11. Communication Between Sessions & Crisis Procedures**

My office hours are Monday through Thursday 9-3pm. If you call at a time when I am not in the office, you may leave a non-emergency message on my voice mail. I am often not immediately available; however, I will attempt to return your call within 24 hours (excluding observed holidays).

· If you are unable to reach me and feel that you cannot wait for me to return your call, please contact your family physician or nearest emergency room for assistance.

· If you request an emergency/crisis session, you will be expected to pay the rate of a traditional session. Clients in crisis that require more than an hour session are encouraged to use the emergency protocol below or may be recommended for an extended session at a later date for an additional fee.

-I only provide crisis support during my scheduled office hours and 1 hour after.

-If you are experiencing an emergency, please go to your nearest hospital emergency room, or call the Colorado Crisis Hotline at (844) 493-8255. Allow 2-3 days for non-urgent inquiries.

· If I will be unavailable for an extended period, I will provide you with the name of a colleague to contact if necessary.

### **12. Social Media Policy**

I do not accept personal Facebook, LinkedIn, Twitter, Instagram, and/or other friend/connection/follow requests via any social media. Any such request will be denied for the purpose of maintaining professional boundaries.

· Juniper Counseling has business social media account pages, but there is absolutely no requirement that you “like” or “follow” this page. If you should “like” or choose to “follow” Juniper Counseling business social media pages (“Juniper Counseling” on Facebook, “Sxtherapywithandrea” on Instagram), you understand that others will see your name associated with “liking” or “following” that page. You also understand that this applies to any comments that you post on Juniper Counseling or Sxtherapywithandrea page/wall. Any comments you post

regarding therapeutic work between us will be deleted as soon as possible. You agree that you will refrain from discussing, commenting, and/or asking therapeutic questions via any social media platform, including online review sites and you will instead discuss any concerns or questions with me directly. Please note that I am unable to respond to messages via Facebook messenger or Instagram direct messages, even from current clients, as social media is not a secure form of communication.

· If you have any questions regarding social media, review websites, or search engines in connection to my therapeutic relationship, please contact me immediately and address those questions.

### **13. DISCLAIMERS:**

Annual Review and Potential Changes to Fees and Policies Clients will be notified of any changes to fees or policies through our website, and a form will be provided to all active clients for signature. Please note that all fees and policies are reassessed annually and are subject to change.

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

For further questions regarding our fees, services or payments or to schedule a consultation, please reach out. We look forward to working with you.

Juniper Counseling, LLC

Email: [junipercounselingftcollins@gmail.com](mailto:junipercounselingftcollins@gmail.com)

(970) 834-3886

[www.junipercounselingsolutions.com](http://www.junipercounselingsolutions.com)