

# Practice Policies

Lowcountry Behavioral Pediatrics, LLC

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## PRACTICE POLICIES

### DIVERSITY STATEMENT

Lowcountry Behavioral Pediatrics is a safe space for people of all races, ethnicities, genders, sexual orientation, religions, professions, age etc. All are welcome here, so long as you extend this respect to others. There will be a zero tolerance policy for any derogatory statements, comments, slurs, "jokes" etc, and treatment will be discontinued immediately. This behavior is unacceptable and in efforts to promote a more accepting and loving world, LPB takes this stance very seriously. No exceptions.

### APPOINTMENTS AND CANCELLATIONS

Please remember to cancel or reschedule 24 hours in advance. You will be responsible for the entire fee if cancellation is less than 24 hours.

The standard meeting time for psychotherapy is 60 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 60-minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

### **No checks or cash payment will be accepted!**

Cancellations and re-scheduled session will be subject to a \$50 charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time. Missed appointments/ no shows will be subjected to the full session fee (\$200).

### TELEPHONE ACCESSIBILITY

If you need to contact me between sessions, please leave a message on my voice mail. I am often not immediately available; however, I 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, Telehealth sessions are available and you will be billed accordingly. 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, I do not accept friend or contact requests from current or former clients on any social networking site (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. If you have questions about this, please bring them up when we meet and we can talk more about it.

### CELL PHONES AND USE OF ELECTRONICS

Use of cell phones or any electronics for you or your child will not be tolerated. This is in effort to minimize distractions, maintain a calm and peaceful therapy environment, and eliminate toxic influences of screens. The only exception made for cell phone utilization is at the request or direction of the provider, Dr. Fowler, to submit information pertinent to the patient's care (health records, school grades, photos, points of contact, scheduling, etc.) Children will be provided toys and other activities in the waiting area, but it would be beneficial to come prepared with other alternative activities to keep your child feeling engaged. If you absolutely have to take an urgent phone call, please step outside and away from the building.

#### UNATTENDED MINORS

Parents and families often have more than one child and we realize it is challenging and sometimes unrealistic to find care for your other children. Your other children are welcome to wait in the private waiting area outside the office door while the parent and patient are being seen in the office. Children waiting must be well behaved, quiet and able to entertain themselves quietly without screens. Books, coloring, games and other sources of play are encouraged to be provided by the parent, but some will also be available to you all in the office. Ideally, to minimize distractions, arranging alternative care for non-patient children is ideal.

#### PSYCHOEDUCATION

*Nutrition:* All psychoeducation pertaining to nutrition will be provided based on research that supports a vegan, also known as a plant based diet. It is the belief of this practice, based on the extensive research of human health and dietary impacts, specifically heart health, longevity, and obesity, that eliminating animal products from diet is the ideal way to achieve physical wellness. Subsequently, physical wellness is integrated and correlated directly with mental wellness.

*Religion:* Lowcountry Behavioral Pediatrics will at no time incorporate religious interventions or research into practice and will operate exclusively from a secular/ non-religious perspective that is research based. However, we welcome patients of all faiths.

*Body Image:* Lowcountry Behavioral Pediatrics believes that normalization and age- appropriate, research -based education of body anatomy & terminology, sexuality, reproduction and puberty facilitates understanding of one's body, and can help minors preserve and protect themselves against inappropriate touching and/or sexual behaviors. Psychoeducation on this matter may include, depending on age-appropriateness, STD's and STI's, sexual wellness, contraception, and other resources for sexual health.

*Consent:* Lowcountry Behavioral Pediatrics believe that consent must be given for all physical touching including high fives, hugs, etc. Parents are encouraged to always allow their child to decide if they are comfortable with any form of physical touch. LBP may also provide safety training, to include safe and unsafe touches, "No Go Tell" protocols (response when a stranger approaches), and how to say "No" to others.

#### ELECTRONIC COMMUNICATION

I 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, I will do so. While I may 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.

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. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that:

- (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 the therapist.

#### MINORS

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents 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. 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. If therapy is terminated for any reason or you request another therapist, I 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, I must consider the professional relationship discontinued.

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