

# Practice Policies - Effective February 3, 2025

Lavina Velasco Counseling, PLLC

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## PRACTICE POLICIES

Please read carefully the practice policies below and sign at the end to indicate you understand and agree to the fees and policies outlined in this document.

## APPOINTMENTS

The standard meeting time for therapy sessions is **45 minutes**. At 45 minutes past the hour, a plan will be made for the next session. Any other "housekeeping" business can also be discussed at this time. Occasionally an extended session of 53-60 minutes may be indicated as necessary to address clinical concerns. Both client and therapist agree to meet on time. If a client is late to a session, the client should still expect to end the session at the original scheduled time, and may therefore lose some session time, unless other arrangements have been communicated and agreed to in advance of the session. A personal credit card (*not* an HSA/HRS/FSA account) must be kept on file to hold your appointments and cover any cancellation fees that may occur.

## HEALTH INSURANCE

Lavina Velasco Counseling, PLLC is an in-network provider with a limited set of health insurance plans listed here: <https://www.lavinavelascocounseling.com/rates>

If you are using an in-network insurance plan, we will bill your insurance company as a courtesy for you. It is the client's responsibility to contact their insurance plan to confirm in-network provider status, coverage, deductibles, and out-of-pocket costs. Fees are generally covered by insurance at the plan's contracted rates (which may be less than the posted standard professional fees), minus co-pays/co-insurance, and/or deductibles. We bill monthly using the credit card on file, after insurance claims have been submitted and paid.

Let your therapist know if you prefer to be charged per session or if you need to make other payment arrangements. Clients who are out of network and wish to submit their own claims for reimbursement can request a "superbill." Superbills are statements containing information required by insurance plans for claim submission.

## PROFESSIONAL FEES

Session fees are posted at the website for Lavina Velasco Counseling, PLLC:

<https://www.lavinavelascocounseling.com/rates>

Fees are reviewed annually and subject to change at the discretion of Lavina Velasco Counseling, PLLC. Phone calls that are longer than 15 minutes will be charged as a billable session. You may access the Simple Practice Client Portal at any time to view your account balance, invoices, and statements. The Client Portal automatically generates invoices. Keep in mind that initial invoices are not final, because insurance typically takes 1-2 weeks to process and pay claims. Let your therapist know if you wish to automatically receive monthly statements and/or superbills.

Session fees effective February 3, 2025:

- \$110 (16-37 minutes follow-up session) - brief
- \$150 (38-52 minutes follow-up) - standard
- \$210 (53-60 minutes follow-up) - extended
- \$275 (53-60 minutes initial session) - Intake/Evaluation

## CANCELLATION FEE

Clients will be charged the **full standard follow-up session fee** for any appointment that is **cancelled or missed for any reason at any time**. This is necessary because a time commitment is made to you and is held exclusively for you. The cancellation fee **includes any amount normally covered by insurance, in addition to the copay amount**. A cancellation fee is an **out-of-pocket fee** that cannot be charged to insurance or an HSA/HRS/FSA account. The cancellation *fee may be waived for clients who reschedule a session the week before, the week of, or the week after the original session date*. A regularly held spot does not stand in for, or get displaced by a re-scheduled session. Upon client request, the therapist will make every possible effort to reschedule, but makes no guarantee of available openings.

Cancellation fees do not apply to the following situations:

- Sessions cancelled by the clinician due to illness, vacation, or training.

- Sessions cancelled by clients due to a planned change in session frequency (e.g. decrease from weekly to bi-weekly sessions). Clients may communicate at any time about a preferred change in frequency, with no cancellation fee for the next regularly held spot, once the change goes into effect.

## **LATE FEE/NO-SHOW POLICY**

If a client anticipates being more than 15 minutes late and wishes to attend a brief session within the original scheduled time frame (e.g. 30 min session), it is the client's responsibility to communicate as soon as possible to request and confirm the change of service. Insurance (or the self-paying client) will be billed for the actual time in attendance. Additionally, the client will be charged a late fee of \$40, not covered by insurance.

If a client is 15-minutes late for an appointment with no communication, the appointment will be considered a "no show," the appointment will be taken off the schedule, and the client will be charged the standard cancellation fee, not covered by insurance.

## **COMMUNICATION IN-BETWEEN THERAPY SESSIONS**

### **Electronic Communication**

The Simple Practice Client Portal is the most secure, confidential, and recommended way to communicate in between sessions. Your therapist's email, text, phone, and fax systems are HIPAA compliant and encrypted, however it is likely yours are not. As such, the confidentiality of any form of communication through electronic media cannot be ensured. Furthermore, emails and texts can be subpoenaed by court as part of a client record. Lavina Velasco Counseling, PLLC does not conduct therapy over email or text messaging. It is advised that email and text should only be used to communicate scheduling and billing matters. If clients use or request their therapist to use email or text to send/receive clinical and protected health information, they agree to do so at their own risk.

By signing this form, you give permission to Lavina Velasco Counseling, PLLC to use email, text, and phone/voicemail for scheduling and billing unless you choose to opt out. At any time, you can opt in or out of specific modes of communication by changing your Client Portal settings, sending a request to [info@lavinavelacocounseling.com](mailto:info@lavinavelacocounseling.com), or asking your therapist to change the settings for you.

**Emergencies:** As an outpatient, private practice therapy provider, Lavina Velasco Counseling, PLLC is not available for crisis calls or emergency support outside of regular office hours. If you are having a true emergency, please use the care options below.

- Call 9-1-1 or go to your nearest Hospital Emergency Room
- Call Champaign County Crisis Line at 217-359-4141

- Call Maryland Crisis Line at 410-685-0525
- Call or text the national crisis life line: 988
- See other resources for immediate help here:  
<https://www.lavinavelascocounseling.com/immediatehelp>

It is encouraged and recommended that you notify your therapist about any crisis you may be going through, and to request a session at soonest availability to increase support, discuss treatment planning, and coordinate care.

**Non-Urgent Communication.** Please expect phone calls, mobile texts, emails, and Client Portal messages to be returned within 24-48 hours.

**Social Media:** Due to the importance of your confidentiality and the need to minimize the hindrance of "dual relationships," your therapist will not accept friend or contact requests from current or former clients on any social networking site.

**Public Encounters:** If we happen to meet in public, I will not approach or acknowledge you first, in order to protect your privacy and confidentiality. If you want to acknowledge me, I will be happy to speak briefly, but any issues related to therapy work will have to wait until the next scheduled session.

## TELEHEALTH

Face-to-sessions are generally ideal and recommended for initial intake sessions whenever possible. In the event that you are out of town, mildly sick, or homebound by weather, Telehealth or phone sessions are available. Clients who wish to use Telehealth for some or all of their therapy will need to review and sign a separate Telehealth Consent form. In some cases, Telehealth is contraindicated. A brief consult may be necessary to screen for risks and benefits prior to starting Telehealth. The pros and cons of Telehealth may be reviewed and reassessed at any time. Read more here about how to determine if Telehealth is a good fit for you: <https://tinyurl.com/yzy7ktah>

In some cases, where Telehealth/Phone sessions are not a covered benefit under a client's insurance plan, the client is responsible for payment of Telehealth/Phone session fees.

## COURT APPEARANCES AND PAPERWORK

Since the client-therapist relationship is built on trust and confidentiality, it is often damaging to the therapeutic relationship for the therapist to be asked to testify or present records for court. Court appearance will likely result in the need to terminate therapy and refer you to another therapist.

Lavina Velasco Counseling, PLLC will not voluntarily participate in any litigation or custody dispute in which you or another individual, or entity are parties. We do not provide evaluations for custody, visitation, or fitness of a parent. We have a policy of not communicating with clients' attorneys and will not write or sign reports, letters, declarations or affidavits in any client's legal matter.

In cases where therapy records or the presence of your therapist is subpoenaed or ordered by court of law, you agree to reimburse Lavina Velasco Counseling, PLLC for our time at \$350 per hour for preparation, travel, and/or appearance plus \$0.25 per page of records. These costs are not covered by insurance. The costs also may include extra fees for our attorneys. I reserve the right to use an attorney or collection agency to secure payment.

## **OTHER PAPERWORK AND CONSULTATION**

If clients require assistance for other professional services such as report writing, telephone conversations lasting longer than 15 minutes, or attendance at meetings for client-requested and agreed-upon consultation, clients will be billed at a pro-rated amount based on the current standard session fee posted at <https://www.lavinavelascocounseling.com/rates>. Please keep in mind your therapist provides therapeutic services, but not forensic services (e.g. documentation for disability).

## **PAUSING OR DECREASING THERAPY FREQUENCY**

It is common and advisable for clients to decrease session frequency as goals are achieved and new skills are mastered. For example, a client may start with weekly sessions then move to bi-weekly, monthly, and "as-needed" sessions. Clients may communicate at any time about a preferred change in frequency, with no cancellation fee for the next regularly held spot, once the change goes into effect. Clients are always welcome to request a return to therapy in the future, upon the understanding that the therapist's scheduling availability cannot be guaranteed to remain the same.

## **DISCONTINUING THERAPY**

Both the client and the therapist have the right to discontinue therapy at their discretion. Your therapist agrees to refrain from terminating the counseling relationship without first discussing and exploring the reasons and purpose of terminating. In a similar manner, it will be helpful and appreciated if you extend the same courtesy to your therapist. Your therapist may appropriately discuss with you the need to discontinue treatment if the therapist determines that the counseling services are not being effectively used, the client is in default on payment, there is a conflict of interest, or the client's needs are outside the therapist's scope of competence or practice.

If a client fails to schedule an appointment for four (4) consecutive weeks, or if a client cancels an appointment without rescheduling within 30 days, the therapist must consider the professional counseling relationship to be discontinued for legal and ethical reasons, unless other arrangements have been made in advance.

BY SIGNING THIS FORM BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO ALL THE ITEMS CONTAINED IN THIS DOCUMENT, AND I GIVE PERMISSION FOR MY CREDIT CARD ON FILE TO BE CHARGED FOR THE FEES OUTLINED IN THIS POLICY.