

## UPDATED POLICIES AND PROCEDURES

### 1) Appointments

- Your scheduled appointment time is an individual spot that has been reserved just for you as long as you need it. That spot is yours each week unless you send an email or text canceling your appointment. It is important for my clients to remember that while my ultimate goal is to provide a safe and inviting space for working through challenges and making changes, this is still a business and my sole livelihood. Individuals that consistently miss or are significantly late to their appointments run the risk of losing their appointment spots. Moving forward, if you or your child misses more than 3 appointments **without contacting me ahead of time** during the course of the year, I will have to offer your spot to someone else. I currently have a very long waiting list and in an effort to serve our community, your spot will be offered to the next person on the list.
- Missed appointments **will be billed for the entirety of the session**. For example, if you are scheduled for an hour long appointment, you will be charged \$170 for that missed appointment. If you have a teen or young adult who is accessing services, by law I am unable to reach out to you regarding missed services, but it will be reflected on your bill. In order to avoid this charge, please check in with your dependents about their appointment times.
- It is your responsibility to manage your appointments. If you do not call into your appointment or show up to the office at your reserved time, **I will not be reminding you going forward**. Due to the repetitive nature of the appointments, I recommend that you put an ongoing reminder in your phone or calendar.
- If you are **more than 15 minutes late** to your appointment without communication, the appointment **will be considered missed**, and you will be billed for the entire session.
- Appointments will be **45- 53 minutes** as outlined by insurance companies. This gives me time to complete my documentation, submit my billing, and take a short break. If you need more time, this will require **an additional fee, which will not be covered by your insurance**.
- **Cancelations need to be made 48 hours in advance** of your scheduled appointment in writing. Ideally, an email to cancel your appointment is best, but a text will also work. If you choose to cancel your appointment within the the 48 hour window, you will be charged for the appointment. This charge is not reimbursable by insurance companies. Extenuating circumstances will be assessed on a case by case basis in the case of illness, inclement weather, or emergency situations.

### 2) Telehealth

- I am grateful that we have the option of using Telehealth. The following are the clients responsibility when engaging in a Telehealth services:
  - It is **your** responsibility to call in at your given time on our agreed upon platform.
  - It is **your** responsibility to check your internet connection prior to the appointment.

- Please find a space where you or your child can meet **uninterrupted**. If your appointment is for your child, please find a spot for them to set up their device in a **stationary position** ideally at a desk or table top. It also may be helpful to put parental controls on other apps or websites to avoid your child being tempted or distracted by other stimuli.
- Telehealth brings with it a lot of benefits, however, it is important to be aware of the potential risks associated with telecommunication. All possible precautions are taken to keep your sessions as confidential as possible, however, communicating over the internet always carries risks of confidentiality breaches. By scheduling a Telehealth appointment, you are agreeing to assume all of the potential risks associated with talking online.

### 3) Email and Text Communication

- If you would like to communicate via email or text message, I am more than happy to receive those messages. I especially enjoy updates and fun messages. I think it is a nice way to continue to feel connected. That being said, please understand that I am usually with clients back to back, and often do not have time to respond to complex issues via text or email. If you are struggling with an issue, please feel free to schedule an appointment so that we can discuss your concerns or needs, which allows us to give the issue the time it deserves.
- **It is always ok** to send me an email on things you wish to discuss at your next appointment. If you are a parent, the parent check in time is a good time to address these concerns or thoughts. It is important to note that **I will likely not respond in detail and will connect with you at your next scheduled appointment**.
- If you are unable to meet for a scheduled appointment and need immediate attention, I am happy to send back a response, however, **there will be a fee attached**, which will be assessed based on the time taken to respond, and assessed in 15 minute units. It is important to note that this **will not be covered by insurance**.
- **Text messages are ok** in the case of scheduling, for example for cancellations, if you are running late, or need to make a change to your appointment.
- I **do not** provide after hours crisis management or emergency services. In the case of an emergency, it is ok to reach out via text **if we have discussed it in session**. However, due to my schedule, there is a chance that I may miss an after-hours text or a text if I am in session. In this case, please contact the **crisis line** at 1-877-266-1818 for Spokane or the **national suicide prevention line** at 1-800-273-8255 nationally or if it is pressing dial 911. It is important for you and your children to understand that texting me during an emergency should not be the first plan.

### 4) Billing

- \_\_\_\_\_ I understand that sessions are scheduled for 45-53 minutes, if I would like to schedule a longer appointment I will let Dr. Milhem know ahead of time so she can plan accordingly and adjust the fees.
- \_\_\_\_\_ I understand that I am responsible for understanding my insurance policy and will be responsible for all fees that are not covered by my insurance company.
- \_\_\_\_\_ I understand that Dr. Milhem has a 48 hour cancellation policy and that I need to cancel my appointment in writing in order to avoid a cancellation charge.

- \_\_\_\_\_ I understand that I will be charged for the following services: any phone calls to other providers or team members over 15 minutes, additional requested paperwork, or emails that require a long response, I understand that these charges are not reimbursed by insurance companies.
- \_\_\_\_\_ I understand that any travel associated with my care or my child's care will be billed on the half hour, and insurance companies do not reimburse for travel time.
- \_\_\_\_\_ I understand that insurance companies do not reimburse for missed appointments, late cancelations, or no show appointments. I understand that I am responsible for payment for all missed appointments.
- \_\_\_\_\_ I understand that it is my responsibility to alert Dr. Milhem of any changes to my insurance or credit card information.
- \_\_\_\_\_ Because this practice is a sole entity without support staff, I understand that Dr. Milhem's time is focused on client care, which may impact timeliness of billing. I agree to pay fees when they are received, even when invoices arrive after the time of service.

I have read and agree to all of the policies and procedures listed above.

CLIENT NAME \_\_\_\_\_

CLIENT SIGNATURE (if over 13): \_\_\_\_\_ DATE \_\_\_\_\_

PARENT GUARDIAN NAME (if applicable): \_\_\_\_\_

PARENT GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

Erin C. Milhem, Psy.D.  
Licensed Clinical Psychologist  
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erincmilhem@gmail.com

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**FINANCIAL AGREEMENT**

<b>NAME OF CLIENT:</b>	
<b>CLIENT DATE OF BIRTH:</b>	
<b>NAME OF GUARANTOR (if different from client listed above):</b>	
<b>GUARANTOR DATE OF BIRTH:</b>	
<b>CREDIT CARD NUMBER</b>	
<b>EXPIRATION DATE:</b>	
<b>BILLING ZIP CODE:</b>	
<b>3 DIGIT CODE (CVC):</b>	

I have read through and understand the policies and procedures outlined above. I authorize Erin C. Milhem, Psy.D. to charge my credit card (listed above) for services rendered through her office. I understand, that my credit card will be charged if the client misses an appointment without providing prior notice via email or text message. I understand that if the client exceeds their appointment time, I will be charged an additional fee that is not reimbursed by my insurance company. I understand that lengthy emails, and text messages outside of my session that require long or complex responses will be billed to my credit card as a fee that is not reimbursable. I understand that by signing this agreement I am acting as guarantor for the client listed above, meaning that I take full financial responsibility for services rendered through the office of Erin C. Milhem, Psy.D. PLLC, for \_\_\_\_\_.

NAME OF CLIENT

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GUARENTOR SIGNATURE

Date