

Radical Families, LLC  
Jordanne Moore, MA, LPC  
1842 SE 113<sup>th</sup> Ave.  
Portland, OR 97216  
[radicalfamiliesportland@gmail.com](mailto:radicalfamiliesportland@gmail.com)  
971-427-6697

## Practice Policies

### Appointments and Cancellations:

Appointments are 55 minutes. Please remember to cancel or reschedule 48 hours in advance. You will be responsible for the entire fee if cancellation is less than 48 hours. Requests to change the standard session time needs to be discussed with the therapist for time to be scheduled in advance.

### PAYMENT AND BILLING

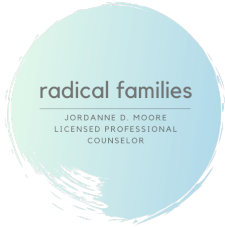
My fee is \$150 per 55 minute session. I do not accept insurance. Clients may log in to their client portal and obtain copies of statements or superbills. In addition, I have a clinician account with Zaya Health. I can provide access to an online portal to receive instant confirmation of out of network benefits through your provider.

Clients are responsible for determining whether their insurance company reimburses for out of network providers. **Full payment is expected at the time of each appointment** unless otherwise arranged. Debit or credit cards are each acceptable forms of payment. At this time I cannot charge FSA spending accounts through my Simple Practice Electronic Health Record. Upon request, monthly statements can be provided containing all pertinent data necessary. Fees are reviewed and modified annually. Clients are notified of any change in fee 30 days prior to it taking effect. Cancellations and re-scheduled session will be subject to a full 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, I will consider it cancelled after **15 minutes** and will charge the full session fee.

### TELEPHONE ACCESSIBILITY

If you need to contact me between sessions, please leave a voicemail message. My voicemail cannot be used as an emergency service. If am not immediately available, I will attempt to return your call within 3 business days. If a true emergency arises, please call 911 or any local emergency room. I am able to return text messages during normal operating hours with session links, for quick questions or cancellation requests. Please not that face to face sessions are highly preferable to phone sessions for ongoing treatment. However, in the event that you are out of town or sick, phone sessions can be made available if scheduled ahead of time.

### SOCIAL MEDIA AND TELECOMMUNICATION



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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.). 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.

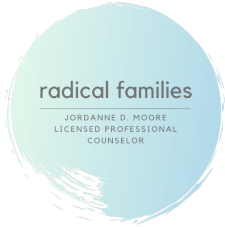
### **ELECTRONIC COMMUNICATION**

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.

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.

### **CLINICAL NOTES**

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



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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 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.

### **Acknowledgement of Receipt of Practice Policies**

By signing below i am agreeing that I have read, understood and agree to the items contained in this document.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_