

1.) Client Information and Practice Policies

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Reider Counseling, LLC
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Welcome! The decision to start therapy is important, and I am looking forward to our work together. The information provided here is structured so that you understand the policies of my practice and understanding the nature of the therapeutic process. Please take the time to read this carefully. If you have questions or concerns, now or even over the course of treatment please do not hesitate to discuss them with me.

Client Information and Informed Consent

The purpose of therapy is to support people's emotional and behavioral wellness. This can be facilitated within the therapeutic relationship between client and therapist in which both are actively involved. Every person's needs may be different within the therapeutic process. Sometimes therapy is a short-term format, where a few months are spent on a specific issue, or in long-term formats, where there are a variety of possibly related issues, or persistent core issues. At this time, I work solely with individuals. For clients who are also looking for couples or specific family therapy, I can support referrals to trusted colleagues of mine who specialize in those treatment modalities. Additionally, my license specifically permits me to practice within the bounds of the state of Pennsylvania. For services to initiate, you do require a legal residence in the state of Pennsylvania. Should you move to another state, it is expected that we would coordinate in finding services licensed wherever you choose to move.

Sessions are structured to be 50 minutes in length. Longer or shorter sessions may be requested as needed. The cost for these will be prorated based on the session fee.

Regarding emergencies, I am not set up or equipped to respond immediately to a crisis. Should a crisis arise that requires immediate attention, please call 911, your county crisis hotline, or go to your local emergency room. This is something that we can discuss in session if you feel it is a concern given that, currently, all sessions are handled through the telehealth service SimplePractice.

The standard fee for sessions is \$130 for individuals. To allow accessibility of my work to clients seeking LGBTQIA-affirming therapy, a sliding scale may be considered and discussed with me and will be reflected in the Good Faith Estimate document, in compliance with the No Surprises Act of 2022. You are responsible for paying at the time of your session; unpaid sessions have their cards on file charged at the end of every week. This may be a preference for some people as it is common that Fridays are compatible with people's pay days. Sessions can be paid through check or credit/debit card. If you require arrangements to have your card on file run on different days other than the above schedule, please discuss that with me ahead of your first paid session.

I am currently out of network with all insurance providers. If you would like to use your out-of-network benefits, I can provide the proper invoices that you need to submit for reimbursement. Please contact your insurance company to verify the availability and/or extent of any out-of-network benefits you may potentially receive and ask about any requirements and procedures for reimbursement.

If you need to cancel or reschedule a session, please provide 24 hours notice if you can. If you miss an appointment without cancelling/rescheduling or provide less than 24 hours notice, there is a late cancellation fee equal to your session cost. Your

appointment can be rescheduled or cancelled by contacting me via phone/voicemail, email, or text. The spirit of this policy, is that as my schedule takes on more clients, 24 hours notice can help another client reschedule into someone else's cancelled appointment slot. Without that buffer of time, it's difficult to contact people for reschedules while also providing services to other clients.

Confidentiality is very important to creating a safe and trusting environment where you can feel open to discuss your most sensitive thoughts and issues. For therapy to work, regardless of who you see, people need to have the trust in being able to speak unfiltered. I regard the information you share with me with the greatest respect. Everything we discuss, including the fact that you are a client, is private and confidential information and is not shared with anyone without your written consent. If I consult with another professional regarding clients I am working with, I do so in a way that obscures identifying information. At times it can be helpful in the course of treatment to collaborate with other medical providers or educators you are working with, especially in cases of advocacy. Please be aware that collaboration with other providers is not mandatory, but if relevant will be discussed with you. Again, any release of information will only be done after obtaining your written consent. If under some condition you wish to revoke consent that you have previously provided written consent, this can be achieved by notifying me first and completing a second written revocation of consent.

It is important to note that Pennsylvania State Law mandates three exceptions to confidentiality: in cases of suspected child or elder abuse, intent to harm self, or intent harm others. A reasonable 4th exception is if a situation arises where I receive a court order to release information related to your treatment, should you become involved in any legal situation that would request that of me. If you have any questions about confidentiality, please feel free to discuss it with me at any time.

Regarding electronic communication and telehealth services, I have business association agreements with the following platforms and their associated functions:

SimplePractice - Telehealth Platform, Scheduling, Invoicing, Secure Messages and Invoicing.

SimplePractice is HIPAA compliant and HITRUST certified. In order to maintain HIPAA compliance with their security practices, I only access SimplePractice from a dedicated laptop. When not in session, this device is kept behind lock and key in a dedicated filing cabinet. As I am conducting sessions from my home office, I use earbuds and a white noise filter placed at entryways to mask the sound of my sessions.

iPlum - HIPAA Compliant Text & Fax

The office numbers for my practice are managed by iPlum. Their service creates a virtual encrypted line, where calls placed to that number appear on my phone as originating from iPlum itself. When calls are placed from my devices to you, they pass through a virtual number that connects us for the call. This is such that there is no record of my personal phone or tablet calling you directly, in the case of a physical device being lost or stolen. No numbers on this line are labelled by name. The Fax line is used from the aforementioned dedicated laptop. If you require documents to be faxed to another medical provider, they are uploaded through this laptop and not any of my personal devices. Opting in to providing a phone number is important to communicate with you in cases of emergency, should there be outages during a session, or if you are in a situation where email would be unavailable and you would need to reach the clinician. As part of the intake process on SimplePractice, you may select your preference on whether you would prefer to be contacted by email or phone. By providing a phone number, either by calling the office line directly, or through the appointment request form on the main website, you opt-in to consent that I may call that number to initiate or coordinate care until otherwise indicated by you that you have a preference for another form of contact. Text will only be used after a written consent is signed as part of the intake process, or if by request you prefer text to initiate care. Please indicate this in your contact form's message.

Google Workspaces - Email

My email is powered by Google Workspaces, on their HIPAA compatible guidelines. While a common form of professional messaging, I encourage my clients to only use email for contact in instances of needing to reschedule or manage appointments. I

recommend using SimplePractice's Secure Message feature for any messages you feel are emotionally vulnerable or would prefer to not leave sent message receipts in your own email sent box.

You may contact me by phone, email or text if agreed upon. I will make every effort to respond to your messages as soon as possible, but you can expect the fastest response within 48 hours of your message Monday-Friday between the hours of 11am and 8pm. You will be informed if I will be unavailable due to scheduled absences. In these cases, an auto-responder will be active on my email.

*** Client Name**

Parent Name (If Client is a minor)

*** I understand and agree with all of these statements.** _____

I consent to sharing information provided here.

*** Today's Date:**

1. I authorize and request Timothy Reider, Licensed Professional Counselor and owner of Reider Counseling, to carry out psychological and/or diagnostic procedures and interventions, which now or during the course of my treatment are advisable. I understand that developing a plan with this therapist and regularly reviewing our work towards meeting my goals are in my best interest. I agree to play an active role in this process. No promises have been made to me as to the results of treatment or of any procedures provided, however, the therapist may discuss the probable course of my therapy and realistic expectations of a particular outcome.

2. I am aware that I may stop my treatment with this therapist at any time and shall only be responsible for payment of any outstanding fees. I understand that the therapist would prefer I discuss with them my reasons for leaving, to permit them to address my concerns, obtain closure, and possibly refer me to another professional.

3. I am aware that, if I am requesting receipts for my insurance or EAP organization, an agent of my insurance company or other third-party payer may be given information about treatment, including but not limited to, the type(s), cost(s), and date(s) of any services or treatments I receive. I understand that if a payment for the services I receive here is not made, the therapist will be forced to suspend or stop my treatment.

4. I acknowledge that I am being informed that under Pennsylvania law:

a. If I communicate to my therapist a serious threat to harm an identifiable person, the therapist must warn that person and the police.

b. If the therapist suspects child abuse or neglect, or abuse of a helpless adult or of an elder, a report must be made to the designated agency.

c. If I appear to be a danger to myself or others, or am unable to care for myself, then hospitalization may be required.

d. Information and records--otherwise confidential-- concerning me and or my family must be provided in the event of a court order.

* **Client Name**

Parent Name (If Client is a minor)

* **I understand and agree with all of these statements.** _____

I consent to sharing information provided here.

* **Today's Date:**

Email & Text

With your permission, I will use email to communicate with you about administrative matters unless we have made another arrangement. This means that email exchanges should be limited to matters like setting and changing appointments, billing issues, or other administrative items. Unless otherwise discussed in session, please do not email me regarding clinical matters as they will become part of your permanent health record. Text messaging is not a secure mode of communication, even with HIPAA encryption for good measure; therefore, if both my client and I agree, this platform will be used only for the purpose of scheduling. Please do not send text messages regarding clinical matters as they will become part of your health record.

Please notify me if you decide to avoid or limit, in any way, the use of email or texts. If you communicate confidential or private information via email or text, your therapist will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and will honor your desire to communicate via email.

Phone

Please feel free to call with any questions or to discuss scheduling or billing. You may leave a confidential message and your call will be returned within 24-48 hours Monday-Friday between the hours of 11am to 8pm. If discussed and agreed upon, a brief phone check-in may be possible at times, but for longer needs please plan to schedule a full session. If an emergency comes up in between sessions and you do not feel you are able to keep yourself safe or need medical help, please go to your local emergency room or crisis center or call 911.

Online Sessions

Distance sessions will be conducted through an online HIPAA compliant platform. Currently, I use the HIPAA-compliant telehealth service as part of SimplePractice, which allows you to use a simple link to log into a virtual waiting room where I will initiate our session. Simple Practice is able to be used on any PC, laptop, tablet, or phone as long as you have access to a webcam/camera and a microphone. Should you decide to primarily use a tablet or phone, please search the app store of your choice for the free "Telehealth by SimplePractice" app, as the software will provide a unique link for each session for the app to interpret. Online sessions are available for ongoing sessions and are also able to be used if bad weather, unexpected travel, or other circumstances prevent our initially scheduled face-to-face session. Please know that when we meet for online sessions, it is expected that you will secure a confidential setting for you to be in while we meet.

*** Client Name**

Parent Name (If Client is a minor)

*** I understand and agree with all of these statements.** _____
I consent to sharing information provided here.

*** Today's Date:**