

Lynn Hillas LCSW  
1012 Marquez Place 203A  
Santa Fe, NM 87505  
505.350.5051

### General Information and Practice Policies

Thank you for taking the time to read the following. My intention is to clearly communicate policies and thus reduce the risk of confusion or misunderstanding.

#### Intention:

What is most important to me is to create a therapy space and relationship in which you feel deeply understood and supported. Life can be really hard and I believe that therapy can provide some respite in the form of welcoming and encouraging environment. I appreciate any and all feedback that will help you to feel as safe and comfortable as possible.

#### Confidentiality:

Professional ethics prevent me from disclosing any information that you share in session without your written permission. The exceptions to this standard are:

- 1) A client acts in a way that poses a serious threat to her/his safety and is not willing and/or able to work with me to create a plan that insures safety.
- 2) A client threatens the life of another person and is not willing and/or able to work with me to create a plan that insures safety.
- 3) A client discloses abuse or neglect of either a child or a vulnerable adult.

As part of providing optimal care to you, I may consult with professional peers and/or specialists regarding your treatment. Likewise, when I am on vacation, I may have a professional peer provide coverage for my clients in my absence. In these situations I am fully committed to providing only as much non-identifying information as needed to provide competent consultation and coverage. Your privacy must be a priority and I am particularly sensitive to the small size of our town.

#### Contact:

I am in the office Monday through Thursday and check messages daily during this time as well as on Fridays and the weekend. Please contact me via my cell phone at 505.350.5051 and I will get back to you as soon as I am able.

If you are in need of after-hours support or contact, please call. I make every reasonable effort to be available but cannot guarantee immediate access. Crisis Response of Santa Fe (820.6333) is an option to consider pending my call back to you.

Generally I do not charge for episodic between session contact. I have found that a phone check-in or email exchange in tender times can be very valuable and so it is important to me to offer this.

Fees/Payment/Billing:

For a standard 55 minute therapy session, my fee is 125.00 payable at time of service via cash, check or credit card. I am happy to provide a receipt if requested. This fee is consistent with usual and customary charges in the Santa Fe area for my profession/licensure/years of experience. I am committed to running a sustainable business that is accessible to clients facing financial hardship. Please speak with me if you are in need of a reduced-fee.

After many years of working within the paperwork demands and treatment constraints of the health insurance industry, pulling me too far away from client-centered care, I am no longer willing to do so. If your health insurance is a PPO plan, I can provide what is known as a "super bill" formatted receipt that you can submit to your carrier for reimbursement of my care as an "out of network" provider.

Scheduling:

I strive to offer a cancellation policy that is fair both to clients and myself as a small business owner. When you must cancel a session, please do so with at least 24 hours notice as this allows me to offer the time to another client. Generally, sessions cancelled with less than 24 hours notice will be billed to you. If you are acutely ill (such that providing notice isn't a reasonable option) there is no charge for a late cancel as I want to encourage attending to health and reducing the risk of contagion.

Client Consent to Therapy:

I have read and fully understand the policies detailed in this document. I understand that I have the right to withdraw my consent to therapy at any time, for any reason. I hereby consent to therapy with Lynn Hillas LCSW providing services as Lynn Hillas LLC. No specific promises have been made to me by this therapist about the results of treatment.

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Client Signature and Date