



Consciously  
Integrated  
Counseling

**Consciously Integrated Counseling**  
4284 William Flynn Hwy, Suite 304  
Allison Park PA 15101  
Phone: 412-245-7104 Fax: 513-672-9057  
Email: [ben@consciouslyintegrated.com](mailto:ben@consciouslyintegrated.com)

### **Practice Policies – Effective 7/21/2022**

#### **APPOINTMENTS AND CANCELLATIONS**

- The most effective way to manage appointments is through the client portal, which can be accessed at: <https://benjamin-hearn.clientsecure.me/>
- Please remember to cancel or reschedule 24 hours in advance. If you cancel in less than 24 hours you will be responsible for the entire session fee beginning on the second late cancellation in any given 8-week period.
- You may request to change your session from in-person to telehealth or vice-versa depending on your needs, though I may be unable to accommodate this request for various reasons.
- If you are late for a session, you may lose some of that session time. If you are more than 15 minutes late to session, I reserve the right to cancel the day's session.
- If you “no-show” a session I will make an effort to contact you at the time of the missed session through your preferred communication method to reschedule. If I am unable to reach you and do not hear from you for 72 hours, I may cancel your remaining appointments and notify you of their cancellation.
- The standard meeting time for psychotherapy is 50 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 50-minute session needs to be discussed with the therapist in order for time to be scheduled in advance.
- EAP Clients: No-shows and any late cancellations after the first will be deducted from your authorized number of sessions.

#### **TELEPHONE ACCESSIBILITY**

If you need to contact me between sessions, please leave a message on my voice mail. I am often not immediately available; however, I will attempt to return your call within 24 hours during days I am in the office (Monday through Thursday, 9am – 6pm). If a true emergency arises, please call 911 or any local emergency room.

#### **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, though use of the client portal is strongly preferred. While I 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.

#### **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. Ideally, termination is mutually agreed upon after completion of your goals for therapy.



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I may terminate treatment after discussion with you if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I may also terminate treatment if, during any 12-week period, you:

- No-show 2 scheduled one-hour appointments or 1 three-hour KAP session
- Late cancel 4 one-hour appointments or 2 three-hour KAP sessions
- Cancel 6 appointments
- Fail to schedule an appointment for three consecutive weeks after your last session

**If any of these situations occur, I must consider the professional relationship discontinued for legal and ethical reasons unless other arrangements have been made in advance.**

In any of these cases, I will attempt to contact you via your preferred method to alert you to the need to terminate. 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.

If you would like to re-engage in therapy services with me after discontinuing, you may do so at my discretion, which will be based on my availability and the reason for previous termination. Re-engagement requires completion of new intake paperwork; thus, your session rate may differ from what you previously paid if a new fee schedule has been published or if lower tier sliding-scale spaces are no longer available.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND AGREE TO THE TERMS SET FORTH IN THIS DOCUMENT AND THE NOTICE OF PRIVACY PRACTICES. I CAN BE PROVIDED WITH HARDCOPIES OF EITHER DOCUMENT AT REQUEST

_____	_____	_____
Name	Date of birth	Relationship to client
_____	_____	
Signature	Date	