

Crescent Moon Counseling, LLC Practice Policies

Welcome to Crescent Moon Counseling, LLC. Our goal is to promote well-being through evidence-based and holistic mental health care. This packet contains important information about you/your child's care. Please read this packet carefully and talk to your provider about any questions you may have. A provider is a therapist or other health professional who is helping you with your mental health care. The therapeutic relationship you develop with your provider is unique in that it is highly personal and at the same time, a contractual agreement. Given this, it is important to reach a clear understanding about how our relationship will work, and what each of us can expect. The policies in this packet will provide a framework for our work together. Crescent Moon Counseling, LLC is ready to support you with your journey towards healing and growth!

GENERAL INFORMATION: The following information in this packet will help inform you of Crescent Moon Counseling, LLC procedures as well as to provide information about your rights and responsibilities with regards to counseling. You will also find updated information about your rights pursuant to the Health Insurance Portability and Accountability Act (HIPAA), state laws and statutes as they pertain to mental health and Client rights. You will notice informed consent and confidentiality laws explained for both Wisconsin and Minnesota in the paperwork because Crescent Moon Counseling providers are licensed with both states. Please ask for state specific clarifications if needed. If you have questions about this Practice Policy packet, please discuss them with your therapist.

THE THERAPEUTIC PROCESS: You have taken a positive first step by deciding to seek therapy. The overall goal of psychotherapy is the improvement of the presenting problem. The outcome of your time in therapy depends largely on your willingness to engage in this process. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. The therapy process may, at times, also result in considerable emotional discomfort, such as remembering unpleasant events, becoming aware of feelings attached to those events, and navigating strong emotions such as anger, sadness, and fear. There are no miracle cures. We cannot promise that you/your child's behavior or circumstance will change. We can promise to offer support and do our very best to understand you and help you clarify what you want to achieve.

WHO WE SERVE: We work primarily with individuals ages thirteen through adult. You may participate in therapy in-person, over telehealth, and/or in outdoor settings for Walk and Talk Therapy or Eco-Art Therapy. We also contract with St. Croix County, WI Comprehensive Community Services (CCS).

NEW CLIENT PAPERWORK & INFORMED CONSENT: Prior to beginning therapy at Crescent Moon Counseling, LLC, you the Client, or guardian will be asked to read and sign new client paperwork and informed consent forms. Please note, that all clients are required to complete new client paperwork before beginning psychotherapy. The informed consent forms you receive will be specific to your individual mental health care needs. The consent will expire twelve months from the date of signature, unless otherwise specified. You will be asked to sign new consents annually.

FIRST APPOINTMENTS: During your first session, your provider will conduct an Initial Diagnostic Evaluation that will be scheduled for 60 minutes. This appointment is structured differently from a typical session. Many direct questions will be asked in order to understand your history and presenting problems. Know that you have the right not to answer any questions you are not comfortable with. After the first few psychotherapy sessions your provider will be able to offer first impressions of what therapy could include and a treatment plan to follow.

THERAPY SESSION TIME-LENGTH: The standard meeting time for psychotherapy is 45-50 minutes. You and your therapist together will discuss the time-length of therapy sessions and how many sessions will be scheduled out in advance. It is up to you, however, to determine the length of time needed for your sessions. Requests to increase to a 60-minute session need to be discussed with the therapist ahead of time and scheduled in advance. If you are enrolled in CCS your session time-length will also be dependent upon your recovery plan.

PARENT/GUARDIAN AVAILABILITY: If you are a parent or guardian of a minor younger than 14 years of age, we ask that you remain in the lobby while the minor is in therapy. This request is made if it becomes necessary for the parent/guardian to join the therapy session, or in the event that the minor becomes ill.

LATE ARRIVAL, LATE CANCELLATION, AND NO-SHOW POLICY: If you are running late to your appointment, please contact us right away to let us know if you are on your way. If you are late for your session, you will lose some of that session time and it cannot be

extended. If we have not heard from you within the first 20 minutes of your session, we will assume that you are a “no-show,” your session will be forfeited, and you will be billed a No-Show Fee at the full rate for the scheduled session. Insurance does not pay this fee. In the event of an emergency, please call to cancel as soon as possible. If you need to reschedule your appointment, a notice is required 24 hours in advance. Please remember to cancel or reschedule 24 hours in advance. You will be responsible for the entire fee of the session, if cancellation is less than 24 hours. You may call the office number, leave a voice mail, message the Client Portal, or email to leave your cancellation notice. If a cancellation notice is not received 24 hours in advance, you will be billed a Late Cancellation Fee at the full rate of the scheduled session. Insurance does not pay this fee. It is your responsibility to pay this fee on or before your next session. In the event you Late Cancel or No-Show for 3 consecutive sessions, or demonstrate a pattern of regular late cancellations, all remaining appointments will be cancelled, and future appointments will only be scheduled on a same-day basis. If you are enrolled in CCS you will not be responsible for paying fees. More information on Late Fees can be found on page five.

CLINICAL INTERVENTIONS: All clinical interventions (i.e., hand-outs, activities, play or art therapy interventions) and artwork completed during therapy is considered confidential patient health information (PHI) and will be protected by the HIPAA and treated with upmost ethical care. There may be telehealth specific therapeutic interventions which utilize third party web-based applications that your therapist may suggest using during treatment. Crescent Moon Counseling, LLC cannot guarantee HIPAA privacy when using such third-party digital platforms and it is up to you the Client to give consent to using such digital platforms during telehealth. More information on this subject can be found in the Telehealth Policy & Informed Consent document. It may be necessary to photograph, or screen shot (applicable to telehealth) visual clinical interventions or artwork made in session for the purpose of treatment planning. Photographic documentation may be necessary for follow-up of new clinical interventions, process-based art that changes each session, artwork the Client chooses to take home, sand tray dioramas, or play-based installations. Your therapist will ask for your verbal consent before taking a photograph or a screen shot. All documentation will be stored confidentially in the Client file or electronic health record.

ARTWORK STORAGE/MAINTENANCE: If you/your child chooses to have art therapy artwork or any clinical interventions stored or maintained by the provider in between sessions, the physical art will be securely locked in a cabinet. While the artwork is being stored, Crescent Moon Counseling, LLC is not liable for any unforeseen damage that may occur to the items in storage.

DIGITAL STORAGE/MAINTENANCE: If you/your child has artwork or clinical interventions documented via camera or through screen shot during telehealth, the images will only be stored in your electronic health record. Your provider will always ask your permission before taking a screen shot during a session. Images and media will be promptly deleted from any intermediary device, such as a hard drive, that is temporarily used to upload them to your digital electronic health record.

TREATMENT ALTERNATIVES: Therapy is often seen as a collaboration between therapist and Client. Feel free to ask about our treatment approaches at any time. Depending on the reason for seeking therapy, our work with you may include individual, group, family therapy, or a combination of some or all of these. It takes time, effort, and energy to change thoughts, feelings, and responses. Change will sometimes be easy and swift, but it can also require patience, be slow, and repetitive. There are times you may feel the need for a change of treatment after you have given your best effort with your current therapist. If/when that occurs, we ask you to discuss this with your therapist to try other approaches together. If you decide to seek another provider, we can offer you a referral for other therapists that may be a better fit or suit your needs more fully.

CLINICAL CONSULTATION AND SUPERVISION: To provide you with the best possible treatment, Crescent Moon Counseling, LLC therapists participate in ongoing supervision and consultation with other mental health professionals, to aid in diagnosis, assessment, treatment planning, and facilitation of ongoing treatment. The purpose of supervision and consulting is to obtain additional insight, further therapeutic skills, and insure the highest possible service for Clients. When discussing Clients in other forums, confidentiality is protected and prioritized by omitting all identifying information. There may be times when you/your child’s visual clinical interventions or artwork are discussed with a clinical supervisor or in consultation with other mental health professionals. No reference will be made to Client identity and any potentially identifying information will be redacted (covered, removed, crossed out, or edited out) in compliance with HIPAA standards.

TERMINATION: Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve closure. We discuss terminating therapy as soon as you begin, to better understand the therapeutic process and your rights with treatment. The appropriate length for termination depends on the length and intensity of your treatment. Your therapist will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. Your therapist may involuntarily terminate treatment, if they determine that the psychotherapy is not being effectively used, if you are in default

on payment, or if you No Show / Late Cancellation for 3 consecutive appointments. Additionally, if should you cease to schedule an appointment for four consecutive weeks, (unless other arrangements have been made in advance) then for legal and ethical reasons the professional relationship is considered terminated. If therapy is terminated for any reason, or you request another therapist, your therapist 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.

TERMINATION POLICIES WITH ARTWORK AND CLINICAL INTERVENTIONS: When you/your child terminate therapy, it is your responsibility to claim any physical artwork or other intervention that the therapist may be storing. Any physical artwork that is left unclaimed 6 months following termination will be photographed by the therapist, uploaded into your electronic health record, and the therapist will dispose of the physical artwork. Disposal of artwork entails shredding of paper items. Three-dimensional artwork will have any identifying information blacked out with a Sharpie marker, and the art disposed of. If you have created digital artwork or interventions, you have a right request that your therapist send you copies of anything that the therapist has saved in your electronic health record. If you have saved artwork or interventions in a third-party web-based application, it is you, the Client's responsibility to retrieve the items.

ELECTRONIC COMMUNICATION

Crescent Moon Counseling, LLC uses electronic communication to coordinate therapy. This accounts for communication made through electronic means including, but not limited to telephone/cell phone communication, text messaging, Internet, facsimile machines, and e-mail. We cannot ensure confidentiality of any form with communication made through electronic means. You, the Client will be responsible for ensuring privacy on your end. This means you are responsible for securing your own computer hardware, Internet access points, chat software, passwords that are encrypted, and making your access as HIPAA compliant as possible. If encryption is not established by you, then you should be aware that you are risking unauthorized monitoring of transmissions of Internet counseling sessions. You are responsible for understanding the potential risks of confidentiality being breached through public Internet access, use of unencrypted email, lack of password protection, or leaving your information on a public access computer at places such as a school computer lab, public library, or Internet café. Other potential risks of breaching confidentiality could include messages failing to be received if they are sent to the wrong number or address. Confidentiality could be breached in transit by hackers or internet services providers, or at either end by others with access to your account or computer. If you access the Internet from a public location, consider wearing earphones. Be aware of the visibility of your screen to people around you. Position yourself to avoid others seeing your screen.

TELEPHONE ACCESSIBILITY: Due to the nature of therapist hours, we are not immediately available by phone because most in-office time is spent focusing on our Clients. Individual therapist office hours vary each week, and they will not be available for immediate crisis support during clinic business hours. When a therapist is unavailable, you may leave a voice mail for your provider. Their voicemail will be monitored frequently, and your therapist will make every effort to return your call as soon as possible. Messages are checked business-days. If you are unable to reach your therapist and feel that you are in a crisis, contact your family physician or the nearest emergency room, ask for the psychologist/psychiatrist/social worker on call. Additionally, you can contact the Suicide Prevention Lifeline at 988, or call 911. If we call one another, please be aware that unless we are both on land line phones, the conversation is not guaranteed confidential. Using a cell phone can have more risk in that signals are scrambled and rarely encrypted. We, at Crescent Moon Counseling, LLC will never store your name in our phone and will follow HIPAA policies with phone communication.

TEXT MESSAGING: A feature offered by Crescent Moon Counseling, LLC is an automatic text message appointment reminder. Reminders will be sent 24 hours in advance of your scheduled appointment. Text messaging via mobile phone is only acceptable for appointment maintenance and reminders. We will not reply to clinical concerns over text.

ELECTRONIC CLIENT PORTAL: We use a HIPAA-compliant Client Portal through SimplePractice to communicate with you about all aspects of your care. You can access your Portal online at www.crescentmooncounselingllc.com by clicking on the Client Portal button on the upper right-hand corner of the website. You can also access the Portal through a link in your email that is sent to you by your provider. The Portal gives you access to schedule & view appointments, pay bills, complete, and view informed consent documents, send and receive messages from your therapist, access therapeutic hand-outs, join telehealth appointments, and more. In order to use the Portal, you will be required to save your credit card information. Your card on file will not be charged for creating your Client Portal account. Please ask your provider any questions about using this system.

E-MAIL: We will not send messages about your therapy treatment to your personal e-mail. Messages about your therapy treatment will be sent through your Client Portal. You may receive emails to your personal e-mail account for marketing purposes, such as upcoming therapy groups or workshops, or automatic reminders about statements or new messages available for viewing on the Portal.

WEBSITE: Crescent Moon Counseling, LLC has a website at www.crescentmooncounselingllc.com that you are free to access. It is used professionally to provide information about the practice. You are welcome to access and review the information. If you have questions about it, we should discuss this during your therapy sessions.

SOCIAL MEDIA: Due to the importance of your confidentiality and the necessity of minimizing dual relationships, we do not accept friend or contact requests from current or former Clients on any social networking site (Facebook, Tik Tok, LinkedIn, etc.) We do not respond to blogs, accept, or reply to comments from Clients. We believe that 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, please bring them up when we meet and we can talk more about it.

WEB SEARCHES: Your therapist will not use web searches to gather information about you without your permission. This violates your privacy rights; however, we understand that you might choose to gather information about your provider in this way. There is an incredible amount of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate or unknown. If you encounter any information about your provider or Crescent Moon Counseling, LLC through web searches, or in any other fashion for that matter, please discuss this during therapy so that we can deal with it and its potential impact on your treatment.

ONLINE REVIEWS: It has become common for Clients to review their health care provider on various websites. Unfortunately, mental health professionals cannot respond to such comments and related errors because of confidentiality restrictions. If you encounter such reviews about your provider or Crescent Moon Counseling, LLC or any professional with whom you are working, please share it, so we can discuss it and its potential impact on your therapy. Please do not rate our work with you while we are in treatment together on any of these websites. This is because it has an impact on the treatment and the therapeutic relationship. Please bring up any issues in session with your therapist.

THERAPY FEES & RESPONSIBILITIES

Therapy is a personal investment, act of self-care, and wellness that can offer long-term benefits. The amount of time you decide to invest and commit to yourself in therapy is guided by you and your needs. Some individuals participate in therapy for 6-8 weeks, while others commit to therapy for years. The choice is yours and we can discuss your needs and progress along the way.

INSURANCE REIMBURSEMENT: Crescent Moon Counseling, LLC is paneled with a limited number of insurance payers. We do not accept Medicaid or Medicare. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. It is very important you find out exactly what mental health services your insurance policy covers. Many insurance companies cover psychotherapy; however, it is you the Client and or guardian's responsibility to call the number on the back of your insurance card to verify insurance policy coverage and what services may or may not be covered. Be knowledgeable about your deductible, co-payments, and any requirements for authorization of services. Services not paid by insurance (deductibles, co-payments, fees, etc.) are due at the time of service. If you need a receipt of payment, ask your provider and they will give you one. If insurance denies payment for your therapy claims, you will be responsible for paying the charges on your account for the outstanding balances due and your card on file will be charged. You should also be aware that insurance companies require that we provide them with your clinical diagnosis. Sometimes your therapist must provide insurance with additional clinical information such as treatment plans, progress notes, or summaries, or copies of an entire record. This information becomes part of the insurance company's file. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. We will provide you a copy of any records we are asked to submit to insurance if you request it. You understand that by using your insurance, you authorize us to release such information to your insurance company.

SELF-PAY: In order to set realistic treatment goals, it is important to evaluate what resources you have available to pay for therapy. Crescent Moon Counseling, LLC accepts self-pay. Self-pay allows you to have more autonomy to keep your information private. It

gives you control of your treatment, providing you flexibility for the number of sessions you wish to have and the types of treatment you participate with. It is important that we can provide you with quality therapy that meets your mental health needs. Session fees for self-pay Clients are due at the time of service. Crescent Moon Counseling, LLC is an out-of-network provider with insurance companies, and you may apply self-pay payments to your out-of-network benefits. To learn what your benefits are, call your insurance company and ask, "What are my out-of-network benefits for out-patient mental health providers?" Some insurance plans may reimburse as much as 75% of your bill for an out-of-network provider. At the end of the month, you can download a claim form off your insurance website and obtain a Superbill from Crescent Moon Counseling. Each month, we can provide a Superbill (out-of-network billing statement) that you may submit to your insurance company for potential reimbursement. The best way to determine your out-of-network benefits is to call the number on the back of your insurance card. Keep in mind if you use your out-of-network benefits, your insurance company has the right to request mental health records.

NEGOTIATED REDUCED RATE PAYMENT: Crescent Moon Counseling, LLC also offers Negotiated Reduced Rate slots that are reserved for individuals with financial hardship. We will request an income disclosure from you to determine eligibility. A VERY LIMITED number of spots are available at a reduced rate, and it can be expected to be put on a wait list for services if you/your child are seeking a reduced rate.

COMPREHENSIVE COMMUNITY SERVICES (CCS): If you are enrolled in CCS you will have a contract through the County and will not be responsible for paying any fees for service to Crescent Moon Counseling, LLC that are described in this section. If unforeseen legal circumstances occur and your therapist receives a subpoena to appear in court on behalf of the Client, you may be responsible for applicable fees. This will be determined based on potential fee determinations with the County.

PAYMENT AND ADDED FEES FOR SPECIALIZED SERVICES: Payments and fees are due at the time of service unless we agree upon other terms in writing. Payments can be made by signing into your Client Portal online at www.crescentmooncounselingllc.com. Through the Portal you can view outstanding balances and make any necessary payments online through our secure digital payment system. Payments are processed online using a HIPAA compliant third party called Stripe. Forms of payment accepted include debit, credit, Health Savings Account (HSA), Flex Savings Account (FSA), or check. Cash is not an acceptable form of payment. It is important to be transparent about fees. The rates for therapy start with a FREE 15-minute consultation, \$225 for the initial diagnostic intake session, and range from \$100-\$200 for individual psychotherapy sessions, depending on the type and length of session. A Good Faith Estimate, which is a detailed description of therapy fees, will be provided to self-pay Clients before your first appointment. Additional Specialty Service Fees may be accrued if you are participating in the services listed below. These service fees are not covered by insurance.

- \$5 service fee for participation in Nature-Based Therapy: Walk and Talk Therapy and Eco-Art Therapy (covers applicable hydration, nutrition, first-aid, and transportation expenses)
- \$25 fee for any phone call or telehealth meeting that is 16-30 minutes long.
- Collateral Service Fee (applicable to phone calls, emails, filling out forms) that is billed \$25 for every 15 minutes.

PAST DUE ACCOUNTS, SERVICE CHARGES, & FEES:

- If you have been in default of payment for 30 days, you will be notified, and all future therapy appointments will be cancelled until the outstanding balance due is \$0.00.
- In the event you default on payment for 30 days, a service charge will be applied to your account monthly. The service charge will be 1.5% of the total accrued unpaid outstanding balance. Thereafter, the service charge will be applied each month until the account balance is paid off in full.
- If you have had an outstanding balance due for 30 days and are unable to pay the total balance due, you may negotiate a payment plan with Crescent Moon Counseling, LLC. You and your provider can negotiate a Payment Installment Plan in writing, to determine how much you can afford to pay off your bill monthly. Service charges will not apply after you set up a Payment Installment Plan. However, if an agreed upon payment is missed, or your card on file is declined you will be charged the monthly 1.5% service charge fee. Once a Payment Installment Plan is signed and the first payment has been made, you may schedule therapy appointments again.
- If your card on file is rejected, then a service charge will be applied.
- Any checks returned due to Non-Sufficient Funds (NSF) will be charged according to state law and you will see an additional fee on your account.
- If your account is 90 days past due and arrangements for a Payment Installment Plan have not been established, Crescent Moon Counseling, LLC has the right to intervene to use legal means through small claims court, or a collections agency to secure the payment. This may require disclosure of otherwise confidential information. If such legal action is necessary, the Client will be

responsible for all costs incurred in the collection actions such as, collection fees, lawyer fees, interest, and service charges will be the Client's responsibility and will be added to the amount due. In most collection situations, the only information to be released regarding a Client's treatment is their name, the dates, times, and nature of services provided, and the amount due.

LATE ARRIVAL, NO-SHOW POLICY & LATE CANCELLATION FEES: 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, you will lose some of that session time. If you are 20 minutes late to your appointment and have not called us, we will assume that you are a "no-show," your session will be forfeited, and you will be billed a **No-Show Fee at the full rate** for the scheduled session. For example, if you were scheduled for a 50-minute session you would be billed a No-Show Fee of \$150. Insurance does not pay this fee. If you cancel your appointment less than 24 hours in advance, you will be billed a **Late Cancellation Fee at the full rate** for the scheduled session. Insurance does not pay this fee. It is your responsibility to pay this fee on or before your next session.

FORMAL LETTER REQUEST FEES: Any non-court-ordered formal letter requests to write/assist/complete paperwork are billed based off time used for completion, in 15-minute increments at a rate of \$100 per hour. Insurance does not cover this fee.

RECORD REQUESTS & APPLICABLE FEES: As stated in the HIPAA Notice of Privacy Practices, Client's Rights and Policies, you have a right to copies of your medical records. If you are a parent or guardian, also refer to the document titled Minors or Dependents Informed Consent and HIPAA Rights, which outlines you and your child's rights with medical records. If you ask to view or receive a copy of your record for purposes of reviewing current medical care, we will not charge you a fee. If you request copies of your Client records of past care, or for certain appeals, we may charge you specified fees according to state laws. Please allow Crescent Moon Counseling, LLC 5-7 business days to process and release medical records. If records are requested by another party, an Authorization is required to be signed by you the Client before records are released. Note that records request processing will take longer if an Authorization is needed. The most secure way for you or a third party to receive your records is via your Client Portal, mail, or fax.

ACCOUNTING REQUESTS & APPLICABLE FEES: As stated in the HIPAA Notice of Privacy Practices, you have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization, for six years prior to the date you ask, who we shared it with, and why. On your request, we will discuss with you the details of the accounting process. We will include all the disclosures except for those about treatment, payment, healthcare operations and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable cost-based fee if you ask for another one within 60 days of receiving the request.

LEGAL FEES: As part of the therapeutic process, we do not believe it is helpful to participate in a legal process concerning any therapy that we might have given. If you ask that we do so we will decline. If you become involved in legal proceedings that require your therapist's participation, i.e., subpoenas, you will be expected to pay for any professional time your therapist spends on your legal matter, even if the request comes from another party. Any requests for legal services (court preparation, court appearances, testimony, phone calls, emails, letters, depositions, travel, etc.) are billed in 15-minute increments at the standard hourly rate of \$200 per hour.

COURT AND LEGAL PROCEEDINGS: Your therapist does not provide disability determination, or handle Court issues. Your therapist does not perform Court evaluations, nor do they appear in Court on behalf of minors, dependents, or adults. Crescent Moon Counseling therapists do not maintain records with the intended purpose of Court involvement. If subpoenaed by the Court, only then will your therapist be legally required to be involved in court proceedings.

CUSTODY PROCEEDINGS: If you are involved in divorce or custody litigation in a Domestic Relations case, please note that your therapist's role is to provide support and skills toward symptom relief during this often-stressful process. Your therapist will not provide custody studies or make recommendations to the Court concerning custody or parenting issues. If you need such a recommendation, there are professionals whose role is solely to evaluate custody related issues and make recommendations to the Court. These individuals typically have no other relationship with their Client.

HEALTH AND SAFETY

PUBLIC HEALTH EMERGENCIES: This section contains important information about participation with in-person therapy services, including recommendations by the Center for Disease Control (CDC), but other factors may be considered. Some of these factors include but are not limited to you or your providers health concerns, or the health of those you and your provider are in close contact with, and risk of viral exposure. There may be other concerns that we can talk about. If there is a public health emergency, you or your therapist may require meeting via telehealth. If your provider at any time believes it is necessary, they may determine that therapy appointments be held via telehealth for everyone's well-being. If you have concerns about meeting through telehealth, we will discuss them and try to address any issues. If you currently meet in-person, you may decide at any time to switch to telehealth services if it would help you feel safer, is feasible, and clinically appropriate. Reimbursement for telehealth is determined by your insurance and it is your responsibility to be knowledgeable about your policy.

ILLNESS: If you are sick or feeling unwell, please reschedule, or switch your appointment to telehealth. If your therapist is sick, they will follow the same procedures. We request no one participates in therapy if you have tested positive for Covid-19 in the last ten days. We may change the Covid-19 precautions in this section if new local, state, or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

HEALTH AND SAFETY MEASURES: Crescent Moon Counseling, LLC uses the following sanitation measures: writing utensils, art supplies, play therapy toys, furniture, and other therapeutic aids are disinfected thoroughly at the end of each day. Providers will wash hands and/or use alcohol-based hand sanitizer between appointments. Please let your provider know if you have questions about these efforts.

CLIENT COMMITMENT TO HEALTH AND SAFETY: We request Clients take certain precautions which will help keep everyone (you, your therapist, your families, Crescent Moon Counseling staff, and other Clients) healthy. We ask that you keep your in-person appointment only if you are symptom free and fever free for 24 hours prior to your appointment. Cancel your in-person appointment if you have developed viral symptoms. Consider wearing a high-quality mask during your appointment, if you have been in close contact with someone who has tested positive with Covid-19. Wash your hands or use alcohol-based hand sanitizer prior to meeting in-person with your provider. Pay attention to the latest State, Local, and CDC public health guidelines.

MENTAL HEALTH EMERGENCIES: Crescent Moon Counseling, LLC therapists are not available for after-hour emergencies. If you need immediate assistance, call 911 or the crisis phone numbers listed below:

Statewide Mental Health Suicide & Crisis Hotline: 988

Emergency Services: 911

First Call for Help: 411

Polk County/St. Croix/Pierce County Crisis Line: 1-888-552-6642

Teen Care Crisis: 1-800-491-8336

Turning Point (domestic violence): 1-800-345-5104

Trevor Lifeline (LGBTQ+): 1-866-488-7386

Local Hospital/Urgent Care/Emergency Room: Westfields Hospital New Richmond: 715-243-2600

Polk County Dispatch: 715-485-8300

St. Croix County Dispatch: 715-386-8251

Crescent Moon Counseling, LLC: 715-952-9072

COMMUNITY INTERACTIONS & DUAL RELATIONSHIPS: Crescent Moon Counseling, LLC and its providers are located in rural Northwestern Wisconsin. Due to the nature of small-town life, it is likely that you will cross paths with your provider in the community. When this happens, your provider will not acknowledge you unless you were to approach them first. This policy is enforced to protect your privacy and confidentiality. If you do approach your provider, they would be happy to cordially interact with you, but feel it appropriate not to engage in any lengthy discussions. Your provider will not inquire about or discuss any information relevant to your treatment. A dual relationship occurs if your therapist has a second, significantly different relationship with you in addition to the traditional therapist-Client relationship. For Example: a Client and therapist may attend the same church, may live in the same neighborhood, or the Client and therapist may have children that attend school together, etc. If this occurs the therapist will maintain utmost confidentiality of the therapist-Client relationship. Together we can discuss the parameters of dual relationships and establish boundaries to ensure HIPAA privacy and compliance.

INCLEMENT WEATHER: If inclement weather is in the forecast (winter storm watches, or warnings) for Polk County and/or St. Croix County, your appointment may be impacted, and you can expect to be contacted as soon as possible. If schools are closed, expect that your session may likely be rescheduled. If schools are delayed, or closing early, your session may also be rescheduled. During inclement weather, there may be times that we are able to switch your session to telehealth and we will communicate if this option would be feasible. Anticipate that your provider will contact you to discuss the status of your appointment in these situations.

***Policies of Crescent Moon Counseling, LLC are subject to change. Clients will be informed of changes when or if they occur. Policies were last updated on 5/14/2024.*