**Megan Bisbee, LCMHC, LPCC**
Licensed Clinical Mental Health Counselor
(VT #068.0134164, NY #015762, CA #LPCC 20356)
and
Jungian Analyst-in-training

26 North Main Street, 2nd Floor
Waterbury, VT 05676
Ph. 805-850-3839
info@meganbisbee.com

# Office Policies

## About Me

As a trauma-informed depth psychotherapist and Jungian Analyst-in-Training, my understanding is that suffering and symptoms are meaningful. They are the psyche's way of trying to get what it needs and for each of us to live our fullest lives. My goal in our work together will be to help us understand what your symptoms are calling for, what your suffering means, and to facilitate rewarding relationships to yourself and your life. Through these relationships, suffering transforms. To do this, we will be keeping our ear to what is going on below the surface, in the unconscious, as well as what is happening on the surface in your waking life. Our process might include talking, dreamwork, work with a therapeutic sand tray, expressive art, somatic awareness, psychoeducation, and attention paid to feelings and experiences in our relationship and to the present moment in general. We may also discuss the use of EMDR (Eye Movement Desensitization Reprocessing) and other trauma-informed modalities as needed.

I am licensed as a Mental Health Counselor (VT #068.0134164, NY #015762) and a Professional Clinical Counselor (CA #LPCC 20356). I received my Master of Arts in Counseling Psychology from Pacifica Graduate Institute in Carpinteria, CA in 2017. I completed a two-year part-time traineeship and one-year part-time internship as a school-based clinician in the Ojai Unified School District in Ojai, CA, a one-year part time traineeship in the Ventura Unified School District in Ventura, CA, and a one-year full-time internship at Maple Counseling Center in Ventura, CA in private practice. I completed my pre-licensure clinical hours in private practice at Full Circle Health and Wellness, LLC in Montpelier, VT under the supervision of Dr. Tracy Loysen, PhD. I have worked with groups, individuals, couples, families, children, adolescents, and adults. I have experience treating depression, anxiety, domestic violence, substance use, addiction, codependency, trauma, grief and loss, ADHD/ADD, relational issues, personality disorders, LGBTQIA issues, existential issues, identity issues, eating disorders, cultural issues, Dissociative Identity Disorder, issues around creativity, purpose, and difficult life transitions. I am EMDR certified and am currently training to become a Jungian Analyst at the Jungian Psychoanalytic Association.

## Session Time

The standard session time is about 50 minutes. We will meet once per week, possibly more if we both agree that your psyche is needing this.

## Fee

My fee is $200 per session.

In addition to weekly appointments, I may charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal issues that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. I do not provide court-related services. However, should I be legally mandated to be involved, I charge $400/hour for preparation and attendance at any legal proceeding. Please note that insurances do not cover fees outside of our regular therapy sessions.

**Payment**
Payment is required at or before each session.

You can pay by check, cash, PayPal, or by Zelle using my email: info@meganbisbee.com

Some people submit information to their insurance company for reimbursement. Please contact your insurance directly to inquire about this. If they do indeed offer partial or full reimbursement, please let me know and I can provide for you the information your insurance will need.

Please note, I reserve the right to raise my fee by a reasonable amount with 30-day's notice. I also reserve the right to pursue my fee through credit collections in the event of non-payment.

**Cancellation Policy**
I hold a spot in my schedule just for you. Due to the unique nature of psychotherapy, I do not hold spaces for random acute drop-ins, and I do not have a large patient pool like at your doctor's office. Therefore, if you do not show up, I do not get paid for the time I show up for you. There are, of course, always times that you will need to cancel a session. Here is my cancellation policy so that I can continue to hold your place:

If you are unable to keep an appointment, please notify me immediately. If you miss a session without calling or give less than a **48-hour notice** for a cancellation, you will be charged your full fee for the missed appointment *regardless of the reason*. This includes illness. If it is possible, we will try to find another time within the next 7 days to reschedule the appointment. If we are able to reschedule, your cancellation will be waved. Please note that your willingness to reschedule does not mean that I have that possibility in my schedule but I will offer an opening if I have one. **You may cancel up to 4 sessions in a calendar year** without being charged so long as you provide me with 48-hours' notice that you will be unable to make the session. For additional cancellations beyond those 4 in a calendar year, you will be responsible for your full fee regardless of the reason for not showing or cancellation notice time. If the missed session is due to my cancellation or due to my office being closed for any reason, including vacations or holidays, it will not count toward one of the 4.

**For patients covered by Medicaid:* you cannot legally be billed for cancellation fees. However, patterns of missed sessions or late cancellations will result in losing a place in my schedule. In general, if you miss more than three appointments within two months, or if you miss more than 6 appointments in a calendar year without rescheduling, I will no longer hold your place in my schedule. Any missed appointment will be discussed openly and assessed together to determine the possible impact on your therapy. Everything that happens in our work is meaningful and we will explore this meaning together.

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**Contacting Me**
I am often not immediately available by telephone. I will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by confidential voicemail that I monitor frequently. I will make every effort to return your call within 24 hours, except for weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for psychiatric services. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

You may utilize my email address to share information with me, but **please note**, that although it is password protected, I cannot guarantee confidentiality of the contents. Our therapy sessions take place in person or on a secure telehealth platform so I will be unable to engage in any back-and-forth communication of information via *any* electronic means that would typically be discussed during our regularly scheduled time unless we have scheduled a regular session via secure video chat or phone. You may also text me for scheduling purposes. I will not engage in conversation via text beyond these purposes.

**Confidentiality**
The privacy of our communications (between a patient and a psychotherapist) is protected by law, and I can only release information about our work to others with your written consent. There are some exceptions. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment:

- If I believe that a child, elderly person, or person with a disability is being abused, I am required to file a report with the appropriate state agency.
- If I believe that a patient is threatening serious bodily harm to another, or threatening significant damage to property (particular to Vermont law), I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.
- If the patient is *planning* to harm themself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide safety.

If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

Additionally, I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is legally bound to keep the information discussed confidential. I may tell you about these consultations only if I feel it is important to our work together.

**Telehealth**
For telehealth, I use a version of Zoom that is HIPAA compliant which means appropriate for confidential meetings. In the event of an unexpected disruption to a telehealth session, we will communicate by phone or text to reschedule or continue our session by phone.

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**Notice of Privacy Practices**

I am required by federal and state law to maintain the privacy of your health information, as well as give you this notice about privacy practices, legal obligations, and your rights concerning your health information, "Protected Health Information" (PHI). I must follow the privacy practices that are described herein and these practices may be amended as needs or requirements change.

**Uses and Disclosures of Your Protected Health Information**

The following will explain the ways in which your health information may be used *without your consent* under Federal and State law. In all cases, I practice disclosing minimum information necessary to achieve the purpose of said disclosure. This is not intended to be an exhaustive list, but instead an explanation of cases and scenarios where disclosure of PHI may be necessary, falling under general categories. These disclosures exclude psychotherapy notes as described in the next section.

A. Treatment: I may use and disclose information related to your treatment to members of your current treatment team for the purposes of continuity of care and to coordinate and manage your healthcare and related services when mandated or in order to keep you safe.

B. Payment: I may use and disclose information in your protected health record for billing purposes with your insurance plan. Your insurer may require certain information about your treatment prior to authorizing payment for services.

C. Health Care Operations: These include quality improvement activities, consultation with colleagues, licensing, and credentialing activities.

D. Wherever required by law, your protected health information will be disclosed.

E. In the event of an emergency your protected health information may be disclosed in order to allow for your treatment and care.

**Uses and Disclosures Requiring Written Consent**

My notes documenting the contents of your session (Psychotherapy Notes), will be used only by myself and will not otherwise be used or disclosed without your written authorization. Marketing activities will never include your protected health information without your written approval. Any disclosure to individuals not directly involved in your treatment or care (ie: your attorney, spouse, school, etc.) will require your written authorization for release of your protected health information.

**Note:** Your "authorization" to release PHI may be revoked at any time by providing the revocation in writing. This revocation will go into effect when the written notice has been personally received and reviewed.

**Your Rights Regarding Your Health Information**

A. Right to Inspect and Copy: You have the right to inspect and copy your medical and billing records. All requests of this nature must be made in writing. There will be a fee associated with copying records and mailing records if you chose to receive them via mail.

B. Right to Request Confidential Communications: You have the right to request that I communicate with you only in a certain location or through a certain method (i.e. at work only, or through email, etc.) All requests must be received in writing and reasonable requests will be honored. A reason for the request is not necessary, but it is important to know the specifics on where and how you wish to be contacted.

C. Right to Request Restrictions: You have the right to request a restriction on the health information that is used or disclosed about you for treatment, payment, or health care operations. Requests for restrictions must be submitted in writing. I am not required to agree with your requested restriction, however, I will honor your request unless the restricted health information is needed to provide you with emergency treatment.

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D. Right to Accounting of Disclosures: You have the right to request to be provided with an accounting of the disclosures that have been made of your protected health information. This request must be made in writing and will not include disclosures made for the purposes of treatment, payment, and health care operations.

E. Right to Request an Amendment: You have the right to request amendment of your health information. Your request must be made in writing and should detail the reason for the requested amendment. This request may be denied in certain circumstances.

F. Right to a Paper Copy of this Notice: You have the right to obtain a paper copy of this Notice of Privacy Practices at any time.

G. Out-of-Pocket-Payments: If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

H. Right to Get Notice of a Breach: You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

. I. Questions or Complaints: Please address questions or complaints regarding your privacy rights should be addressed with me at any time. You may also contact the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against should you chose to complain to me or an outside agency.

**Statutory Definition of Unprofessional Conduct**

I am required by law (§ 3016) to inform you of what constitutes unprofessional conduct in psychotherapy and how to report it.

Unprofessional conduct means the conduct listed in this section and in section 129a of Title 3:

(1) Failing to make available, upon written request of a person using psychological services to succeeding health care professionals or institutions, copies of that person's records in the possession or under the control of the licensee.

(2) Failing to use a complete title in professional activity.

(3) Conduct which evidences moral unfitness to practice psychology.

(4) Engaging in any sexual conduct with a client, or with the immediate family member of a client, with whom the licensee has had a professional relationship within the previous two years.

(5) Harassing, intimidating, or abusing a client or patient.

(6) Entering into an additional relationship with a client, supervisee, research participant or student that might impair the psychologist's objectivity or otherwise interfere with the psychologist's professional obligations.

(7) Practicing outside or beyond a psychologist's area of training or competence without appropriate supervision.

(8) Notwithstanding the provisions of 3 V.S.A. § 129a(a)(10), in the course of practice, failure to use and exercise that degree of care, skill and proficiency which is commonly exercised by the ordinary skillful, careful and prudent psychologist engaged in similar practice under the same or similar conditions, whether or not actual injury to a client or patient has occurred.

(9) Conduct which violates the "Ethical Principles of Psychologists and Code of Conduct" of the American Psychological Association, effective December 1, 1992, or its successor principles and code.

(10) Conduct which violates the "ASPPB Code of Conduct-1990" of the Association of State and Provincial Psychology Boards, or its successor code. (Added 1975, No. 228 (Adj. Sess.), § 2; amended 1981, No. 241 (Adj. Sess.), § 1; 1993, No. 98, § 7; 1993, No. 222 (Adj. Sess.), § 3; 1997, No. 145 (Adj. Sess.), § 50; 1999, No. 52, § 26; 1999, No. 133 (Adj. Sess.), § 24.)

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**§ 129a. Unprofessional conduct**

(a) In addition to any other provision of law, the following conduct by a licensee constitutes unprofessional conduct. When that conduct is by an applicant or person who later becomes an applicant, it may constitute grounds for denial of a license or other disciplinary action. Any one of the following items, or any combination of items, whether or not the conduct at issue was committed within or outside the state, shall constitute unprofessional conduct:

(1) Fraudulent or deceptive procurement or use of a license.

(2) Advertising that is intended or has a tendency to deceive.

(3) Failing to comply with provisions of federal or state statutes or rules governing the practice of the profession.

(4) Failing to comply with an order of the board or violating any term or condition of a license restricted by the board.

(5) Practicing the profession when medically or psychologically unfit to do so.

(6) Delegating professional responsibilities to a person whom the licensed professional knows, or has reason to know, is not qualified by training, experience, education or licensing credentials to perform them.

(7) Willfully making or filing false reports or records in the practice of the profession; willfully impeding or obstructing the proper making or filing of reports or records or willfully failing to file the proper reports or records.

(8) Failing to make available promptly to a person using professional health care services, that person's representative, succeeding health care professionals or institutions, upon written request and direction of the person using professional health care services, copies of that person's records in the possession or under the control of the licensed practitioner.

(9) Failing to retain client records for a period of seven years, unless laws specific to the profession allow for a shorter retention period. When other laws or agency rules require retention for a longer period of time, the longer retention period shall apply.

(10) Conviction of a crime related to the practice of the profession or conviction of a felony, whether or not related to the practice of the profession.

(11) Failing to report to the office a conviction of any felony or any offense related to the practice of the profession in a Vermont district court, a Vermont superior court, a federal court, or a court outside Vermont within 30 days.

(12) Exercising undue influence on or taking improper advantage of a person using professional services, or promoting the sale of services or goods in a manner which exploits a person for the financial gain of the practitioner or a third party.

(13) Performing treatments or providing services which the licensee is not qualified to perform or which are beyond the scope of the licensee's education, training, capabilities, experience, or scope of practice.

(14) Failing to report to the office within 30 days a change of name or address.

(15) Failing to exercise independent professional judgment in the performance of licensed activities when that judgment is necessary to avoid action repugnant to the obligations of the profession.

**How and where to File a Complaint about Unprofessional Conduct**

Complaints can be filed online with the **Vermont** Secretary of State's Office of Professional Regulation. The complaint form can be found online at: http://vtprofessionals.org/opr1/psychologists/

Complaints can be filed online with the **California** Board of Behavioral Science. The complaint form can be found online at: https://www.bbs.ca.gov/consumers/consumer_complaints.html

Complaints can be filed online with the **New York** State Education Department. The complaint form can be found online at: https://www.op.nysed.gov/enforcement/discipline-complaint-form

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## Patient(s) Information

**Client 1:** Preferred Name:_____ Legal Name:_____

DOB_____ Age_____ Preferred Pronouns_____

**Client 2:** Preferred Name:_____ Legal Name:_____

DOB_____ Age_____ Preferred Pronouns_____

Mailing Address_____

City_____ State_____ Zip Code_____

Physical address (if different)_____

City_____ State_____ Zip Code_____

Home Phone_____Cell_____Communicate by text? (*Please circle)* Yes No

Numbers where I may leave a voicemail message_____

Emergency Contact (name, relationship and phone number):_____
_____

I have read and agree to undertake psychotherapy at this time:

_____ _____ _____
Signature(s) of patient(s) Date

_____ _____
Signature of Megan Bisbee Date