

# Practice Policies

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## Renewal Room

7554 Fredle Dr  
Unit #3006  
Concord Township, OH 44077  
440.202.9109  
[hello@renewalroom.biz](mailto:hello@renewalroom.biz)

## Renewal Room Practice Policies

### Appointments and Cancellations

Appointments are scheduled in advance, at a cadence we agree upon, based on your goals, treatment needs, and our mutual availability. Payments for each appointment will be made through Headway by debit or credit card or ACH transfer.

You may cancel appointments in advance without charge, as long as I receive notice far enough in advance. For appointment no-shows or last-minute cancellations, a fee will be applied.

- **No-Show/Late Cancellation Fee:** A fee of **\$60.00** will be charged for appointments missed without prior notice or cancelled within less than [Specify Cancellation Cutoff Period, e.g., 24 hours] of the scheduled time. This policy can be discussed as a practice and may be subject to change if needed.

### Fees and Payments

- **Self-Pay Session Rate:** All self-pay sessions will be marked at **\$150.00** per session. While therapists may set their own self-pay session rates, for billing purposes through Renewal Room, the \$150.00 rate will apply to self-pay clients unless otherwise arranged.
- **Payment Processing:** All payments (self-pay and insurance reimbursements) are processed through Headway.

- **Reduced Rate Clients:** We understand that financial circumstances can vary. You are welcome to discuss "reduced rate" options if needed. Specific paperwork and guidelines for reduced rates will be made available to you.

### **Availability and After-Hours Emergencies**

Providers check for voicemail messages during normal business hours. Messages left outside of normal hours of operation will be picked up the next business day. If you are experiencing suicidal or homicidal thoughts, are in crisis, or need immediate help, please call 911 or go to the nearest emergency department.

### **In Case of Crisis or Need for Support**

Your well-being is important. While I aim to be responsive, please note that I'm not able to provide immediate crisis support.

- **For urgent or life-threatening mental health crises, please do not wait for a response from me.** Instead, immediately call **911**, go to your nearest emergency room, or contact one of these national crisis resources:
  - **National Suicide Prevention Lifeline:** Call or text **988**
  - **Crisis Text Line:** Text **HOME** to **741741**
- **If you're experiencing non-emergency distress and would like to talk to someone,** you can reach out to a warm line. These lines are typically staffed by peers who offer confidential support and a listening ear:
  - **National Warm Line Directory:** You can find a list of state-specific warm lines at **warmline.org**. These are generally available for non-crisis mental health support.

### **Contacting Your Provider**

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voicemail, and I will return your call once I've reviewed your chart. Please allow a day or two

for non-urgent matters. I will make every attempt to inform you in advance of planned absences and provide you with the name and phone number of the mental health professional covering my practice. If I need to cancel an appointment at the last minute, I will reach out as soon as possible and reschedule, or have a member of my staff connect with you.

### **Discharge Process**

There are several reasons why we may eventually end our professional relationship. You may decide you would prefer to work with a different provider, or I may reach the conclusion you would be better served working with someone else. Regardless of the case, I will first discuss with you the reasons for discharge and, if you request, provide you with a list of other qualified providers. I will also extend the discharge process length if necessary based on your treatment needs, including continuing to provide emergency support for a time-limited period after you have been notified of the end of our treatment relationship.

HIPPA

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# Notice of Privacy Practices

**Effective Date:** 6/22/2024

**Practice Name:** Renewal Room

**Address:** 7554 Fredle Dr

Unit #3006

Concord Township, OH 44077

**Phone:** (440) 202-9109

**Email:** [hello@renewalroom.biz](mailto:hello@renewalroom.biz)

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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## Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your protected health information (PHI).
  - Provide you with a copy of this Notice.
  - Follow the duties and privacy practices described in this Notice.
  - Notify you if a breach occurs that may have compromised the privacy or security of your information.
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## How We May Use and Disclose Your Information

We may use or share your information:

- **For treatment:** To provide, coordinate, or manage your healthcare.
- **For payment:** To bill and receive payment from health plans or other entities.
- **For healthcare operations:** To run our practice and ensure quality care.

**Other permitted or required uses and disclosures:**

We may share your information:

- With public health and safety officials
- For research purposes (under certain conditions)
- To comply with legal or government requests
- With coroners, medical examiners, or funeral directors
- For organ and tissue donation requests
- For workers' compensation claims
- For law enforcement purposes
- With health oversight agencies
- In response to lawsuits and legal actions

We will never:

- Sell your information.
- Share your information for marketing purposes without your written permission.
- Share psychotherapy notes without written authorization, unless required by law.

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**Your Rights**

You have the right to:

- Get a copy of your medical record.

- Request corrections to your health information.
- Request confidential communications.
- Ask us to limit what we share.
- Get a list of those with whom we've shared your information.
- Choose someone to act for you (such as a legal guardian).
- File a complaint if you feel your rights are violated.

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## How to File a Complaint

If you believe your privacy rights have been violated, you can file a complaint with:

- **Our Privacy Officer:** [Insert Name and Contact Info]
- **U.S. Department of Health and Human Services Office for Civil Rights:**  
Visit <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

We will not retaliate against you for filing a complaint.

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## Changes to This Notice

We reserve the right to change this Notice and the revised Notice will be effective for information we already have about you and any information we receive in the future. A current copy will be available at our office and on our website (if applicable).

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## Contact Information

If you have any questions about this Notice, please contact:

**Privacy Officer:** Jessica Fisher

7554 Fredle Dr

Unit #3006

Concord Township, OH 44077

(440) 202-9109

[hello@renewalroom.biz](mailto:hello@renewalroom.biz)

# Fees and Late Cancellation/No-Show Policy

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## Renewal Room

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# Renewal Room Professional Services Agreement: Fees and Late Cancellation/No-Show Policy

## Service Agreement: Fees

### Session Fees

**Individual Session Fee (for clients not using insurance):** \$150/hour. This fee reflects the growth and continued development within my practice, allowing me to offer an even greater level of support and expertise.

**For clients utilizing insurance:** Your session fees will be determined by your insurance plan's coverage and your individual policy (e.g., co-pays, deductibles). The standard session price does not affect clients using insurance; however, you are responsible for **any co-pays, deductibles, or non-covered services** as outlined by your insurance plan. If your insurance does not cover no show/late fees you will be responsible for that fee.

**Reduced Rate Fee:** For clients with a pre-arranged reduced rate that will be determined by financial standing, the session fee will be \$60 per session.

**Payment:** Payment is expected at the time of service or when invoice is sent, unless other arrangements have been made in advance. Invoices allow several ways of making payment electronically, at this time I am not accepting cash payments.

For clients paying directly (not using insurance), you are responsible for the **full session fee of \$150** at the time of service.

I reserve the right to temporarily suspend services if payment is consistently late or missed.

**Insurance Billing (If Applicable):** You are responsible for any portion of the fee not covered by your insurance, including co-pays, deductibles, and non-covered services.

As a courtesy, I can provide you with a superbill that you can submit to your insurance company for potential reimbursement if I am an out-of-network provider. It is your responsibility to verify your out-of-network benefits and understand the reimbursement process with your insurance provider.

### **Late Cancel | Missed Appointments:**

#### **Policy Regarding Late Cancel /Missed Appointments:**

Renewal Room LLC understands that unforeseen circumstances may arise that require you to reschedule or cancel your appointment. However, we kindly request your cooperation in providing us with adequate notice to avoid disruption to our schedule and to allow other clients the opportunity to utilize the appointment slot.

**Late Cancellation:** A late cancellation is defined as canceling or rescheduling an appointment with less than 24 hours' notice.

**No Show:** A no show is defined as failing to arrive for your scheduled appointment within the first 15 minutes without prior notice.

**Fee for Late Cancellation/No Show:** In the event of a late cancellation or no show, a fee of \$60 will be applied to your account. This fee is necessary to compensate for the reserved time and to ensure the smooth operation of our practice.

**Exceptions:** We understand that emergencies may occur. If you have a true emergency that prevents you from attending your appointment or providing adequate notice, please contact us as soon as possible. We will review each situation on a case-by-case basis and may waive the fee in extenuating circumstances.

**Clinician Cancellation/Rescheduling:** In the rare event that your clinician needs to cancel or reschedule your appointment, we will make every effort to provide you with as much notice as possible. We will also work with you to find a mutually agreeable alternative appointment time. If we are unable to provide you with at least 24 hours' notice, we will waive any late cancellation fee should you choose to reschedule to a later date.

**Repeated Late Cancellations/No Shows:** If you have repeated late cancellations or no shows, we may need to discuss alternative scheduling arrangements or, in some cases, may need to discontinue services.

**Notification:** We will make every effort to provide you with reminders of your upcoming appointments via your preferred method of contact (phone, email, or text). However, it is ultimately your responsibility to remember your appointment time and to provide adequate notice if you need to reschedule or cancel.