Dr. Lara Kennerly, PsyD

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**Policies and Procedures for New Clients**

The following is a statement of my policies.

Please feel free to discuss them with me at any time.

Fees:  Fees for service will be discussed and reviewed prior to your first session. The fee schedule is based on a $195 fee per 50-minute session. Services provided outside scheduled appointment (urgently requested phone Consultations-not including the initial free 15-minute phone consultation-, reports, etc.) are billed at the same rate or portion thereof. Fees are due at the end of each session. You may make payment by cash, check, Zelle, or Venmo. All checks must be made payable to Lara Kennerly.

I agree to a fee of $195 per session, whether the session occurs in-person or online.

Cancelled or Missed Appointments: Your appointment is specifically reserved for you. If you must cancel an appointment, please let me know as soon as possible. If I am not notified of a cancellation at least 24 hours in advanced of the scheduled appointment, you will be charged in full for that time.

Illness/Unexpected Transportation issue day of Appointment: If you discover the day of the appointment that you are feeling ill and might be contagious, or have unexpected transportation problems, if you contact me and we are able to do so, we can change your in-person appointment to online. However, if you do not let me know with enough time to make this change, you will be charged for a missed appointment.

Procedures for Online Therapy: Online therapy is held through a secure, HIPAA-compliant video platform. You’ll receive a private link before each session, and all you need is a quiet space, a solid internet connection, and a phone, tablet, or computer.

Email Communication Security and Privacy: I use HIPAA compliant and end-to-end encryption for my email services, as well as every available cyber defense and best-practices to minimize risk. However, due to the ever-changing nature of cyber threats, and threats to cyber security, no one can guarantee communication via the internet over email is always secure. Therefore please keep in mind that communications via email over the internet are not secure. Although it is unlikely, there is a possibility that information you include in an email can be intercepted and read by other parties besides the person to whom it is addressed. Please do not include personal identifying information such as your birth date, or personal medical information in any emails you send to me.

Confidentiality: All information discussed or obtained during your participation in

therapy is strictly confidential and will not be disclosed to anyone without your expressed

written permission. There are, however, certain exceptions to confidentiality as mandated

by California law, including the following:

If I believe that you are in imminent danger of harming yourself, I must act to protect you.

If I believe that you are in imminent danger of harming another specific person(s), California law requires that I warn the potential victim(s) and notify legal authorities.

If I have knowledge of, or reasonably suspect any sort of past or present child

abuse or potential for child abuse (including physical abuse, sexual abuse, neglect,

or abandonment), by law, I must report my suspicions to the proper authorities.

Likewise, I must take similar actions if I have knowledge or reasonable suspicion

of elder or dependent adult abuse or neglect.

If a court of law orders me to release information, under extremely specific circumstances, and after all available options have been exhausted, I may be required to comply.

To ensure your confidentiality, I will not initiate an interaction with you if we should meet by chance in another setting. I will, however, be happy to acknowledge you, should you choose to initiate a conversation with me.

Vacations and On-Call Coverage: I maintain a confidential voicemail system for receiving messages. I will make every effort to respond to your call in a timely fashion. I also maintain a confidential and HIPAA compliant email for receiving messages. I check messages frequently during business hours, Monday through Friday. When I am not available, due to conferences, brief outside work obligations, vacations, or other circumstances, I will inform you in advance, in order to insure you are aware of the change to your upcoming appointment.

Extended Absence: In case of an extended absence on my part due to unexpected and significant life events, I will provide you with contact information of a colleague who may be able to provide you with services.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Psychologist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_