

## MELISSA BADA-DEVERS, LCSW, LLC

293 Route 18 South,  
East Brunswick, NJ 08816  
732-252-7371

MelissaBadaDeverslcsw@gmail.com

### **Policy and Procedures for Video Counseling**

At this time, due to COVID-19, I am ONLY providing teletherapy via video and/or telephone sessions. While it can be beneficial for many, it is important for you to understand there are some risks associated with this method of therapy. Below is an outline of those risks as well as other information related to our work together. Please read it carefully and be sure to fill out each piece of information requested.

### **LIMITATIONS FOR VIDEO COUNSELING:**

- Your insurance company may also consider our electronic communication (in all forms) to be part of the medical record.
- Because there is always the possibility of technology failure and computer crashes, alternate modes of communication are recommended, but not required. Should power or technology failures occur, it is assumed counselor and client will reconnect once those failures have been rectified. If such a technical failure occurs, I will contact you via phone to determine next steps.

### **SAFEGUARDS:**

I use password protected computers with security software including anti-hacker, and anti-malware as well as a firewall. Online video counseling is conducted in a private location - my office/home. I am only willing to do online video sessions with clients with whom I have already deemed appropriate for said services based on my clinical judgment. I also reserve my right to decide that video sessions are no longer appropriate and end these services at any time. To participate in online video counseling, you agree to be alone in a private room, to not tape or record sessions, and to use a device that has a webcam, speakers, microphone, a high speed internet connection and utilization of a web browser like Chrome, Firefox or Safari. You are required to use security systems such as anti-virus, anti-malware, etc., to ensure that your privacy is protected. Despite safeguards, absolute confidentiality and privacy cannot be guaranteed over the internet.

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### **LICENSURE:**

I am currently licensed to practice in the states of **New Jersey** and **New York**. Therefore, if you are not present in one of these states when we are holding a session, then we will have to reschedule.

### **FEES:**

Intake (60 mins) - \$200  
Individual counseling (45 mins) - \$165  
Individual counseling (60 mins) - \$180  
Hypnotherapy (120 minutes) - \$250

- **The full fee is expected the day of our session unless we have set up other arrangements.**

### **CANCELLATIONS:**

Therapy is about working together to enhance your well-being. The appointment time we set aside for your session is solely for you and will not be assigned to anyone else. As a result, a last minute cancellation can mean a missed opportunity for someone else that could have benefited from a session. While I understand last minute issues arise, I have a 24-hour notice of cancellation. Any cancellation without such notice will result in a fee of the cost of the session we planned to have (eg. \$165, \$170, \$200 or \$250). I would charge the credit card via a HIPAA Secure Application (App). If you have reason to believe cancellations may arise frequently (i.e. work, caring for an older adult, child care) please discuss this with me so that we can work out a plan.

### **LATENESS/NO SHOWS:**

In the event you are more than 10 minutes late for our scheduled appointment, I will attempt to contact you both via the phone number you provide me with as well as your email address. If I have reason to believe you may be in danger and I do not hear from you within one hour of calling you and e-mailing you, I will contact the person you have listed as an emergency contact to ensure your well-being.

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### **CONFIDENTIALITY:**

What you say in therapy, your records and your attendance are confidential, except:

- When you give written permission to release information
- When your records are subpoenaed for legal reasons
- When reporting is required or allowed by law (ex. suspected child abuse or neglect, extreme danger to yourself and/or others, suspected elder abuse)

### **RECORD KEEPING:**

All records are stored in a locked file cabinet in my office/home as well as on a software program on my personal laptop which is password protected. The vendor I currently use for a secure video platform is Psychology Today. They utilize a HIPAA compliant online platform. Psychology Today's policies and procedures also include the administrative, technical, and physical safeguards required for the security of protected health information when using electronic health IT.

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**EMERGENCIES:**

If we are in the midst of a video session and an emergency arises whereby I feel it is necessary to contact a relative or emergency personnel on your behalf, I will need the information requested below. Please understand that without ALL of the information requested below, we will not be able to engage in video counseling.

Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Information:

Name of Person to contact & relationship \_\_\_\_\_

Phone #: \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Name of Your Primary Physician \_\_\_\_\_

Phone #: \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Name of Nearest Emergency Room \_\_\_\_\_

Phone #: \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Name of Nearest Precinct: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

I hereby consent to engaging in video and/or telephone counseling with Melissa Bada-Devers, LCSW, LLC. I understand that these modes of service include the practice of mental health care delivery, diagnosis, consultation, treatment, transfer of health care data, and I understand that internet and/or telephone counseling also involves the communication of my mental health/health information, both orally and visually, to health care practitioners and emergency personnel located in and outside of New Jersey and New York. Specifically, these modes of service delivery involve the provision of treatment services via video conferencing or telephonic.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Therapist's Signature