



## Office Policies

### Clients

- Minors (under age 13) must have a parent in the waiting room during their appointment
- Minors (under age 13) are not allowed to be in the waiting room unattended
- Only service animals are allowed in the office

### Office Environment

- Wear professional or semi-professional clothes
- Do not wear strongly-scented colognes or perfumes
- Only service animals are allowed in the office
- Straighten up your office each day – Don't leave out papers and clutter
- Shred or secure all PHI (client notes and documentation) each day
- Anti-Harassment: Harassment will not be tolerated. Your privacy will be protected if you report something.
- Write planned days off on the calendar and in SimplePractice. Notify leadership team of unplanned absences.
- Use the whiteboard in kitchen to communicate if you are "In" or "Out" of the office
- Close doors
  - When discussing clients and client care
  - When cooking/eating foods with strong smell
- Open Doors
  - When possible, leave your office doors open to foster collaboration and warmth
- Client Payments:
  - Charge & process the client's debit, credit, and HSA cards at the end of each session
  - Collect (don't process) the client cash and check payments; submit the cash/check payment with the invoice to Priscilla's mailbox. Priscilla will process the payment upon receipt and deposit.

### Counselor Documentation

- Complete notes within 48 hours
- Complete treatment plans and mental status exams within 30 days of first appointment, ideally within the first week.
- Create new treatment plan and mental status exam at beginning of treatment and at least every 180 days (6 months)
  - Select to review the plan "After" "180 days" to create a flag/reminder for you
- Update CPT code and session time to accurately reflect the session length (refer to CPT document for specific guidance)
- "Sign" or Lock all Progress Notes and Treatment Plans
- Progress notes must include:
  - Client name
  - Reason for treatment (e.g. "to address symptoms of depression")
  - Theoretical orientation (e.g. "using CBT and SFT")
  - Safety assessment (e.g. "Client reported passive SI with no plan or intention. Protective measures identified are ..." "No imminent risk of SI, HI, or other safety concerns were identified as assessed by clinician.")
  - Changes to MSE (e.g. "MSE Unremarkable" (if no changes) or Write the changes that you notice.)
- Follow-up with non-active clients after 4-6 weeks about well-being and continuation of care
- Move client to "Inactive" if they have completed treatment, are no longer seeking services, or don't respond to clinician's follow-up; and if the balance due for client and insurance is \$0.
- Perform chart audits on your active clients to verify an emergency contact is on file for all clients and to uncheck superbills and notifications for clients who don't provide out-of-network insurance information.