

PRACTICE POLICIES

Alternative Pride Wellness, LLC

Effective Date: October 10, 2026

These policies explain important expectations for therapy services, scheduling, payment, insurance, communication, telehealth, privacy, emergencies, and use of technology. Please review them carefully.

These Practice Policies work together with the Practice's informed-consent documents, financial agreements, telehealth consent, AI documentation consent, and Notice of Privacy Practices. Where an insurance contract or applicable law imposes different requirements, those requirements control.

SERVICES & SCOPE OF PRACTICE

Alternative Pride Wellness, LLC provides outpatient mental health psychotherapy through telehealth. Services may include assessment, psychotherapy, treatment planning, psychoeducation, coping-skills development, and other services within the therapist's professional scope of practice.

Psychotherapy can involve discussing difficult experiences and emotions. Outcomes cannot be guaranteed. Treatment recommendations and goals are individualized and may change as therapy progresses.

Alternative Pride Wellness is not an emergency service, crisis center, inpatient program, or substitute for emergency medical or psychiatric care.

APPOINTMENTS & SESSION LENGTH

Standard individual psychotherapy appointments are generally scheduled for approximately 50 minutes unless a different service or session length has been arranged.

Clients are responsible for attending appointments at the scheduled time and for being in a private, reasonably safe location appropriate for telehealth.

If a client arrives late, the session may still end at the originally scheduled time. The therapist may determine that there is not enough remaining time to provide an appropriate session.

CANCELLATIONS, LATE CANCELLATIONS & NO-SHOWS

Alternative Pride Wellness requires at least 24 hours' notice to cancel or reschedule an appointment.

A \$75 late-cancellation/no-show fee will be charged for appointments canceled with less than 24 hours' notice or missed without appropriate notice.

Late-cancellation and no-show fees are generally not billable to health insurance and are the client's financial responsibility, subject to applicable payer contracts and law. The fee may be charged automatically to the active payment card on file.

Exceptions may be considered for genuine emergencies or circumstances outside the client's reasonable control at the therapist's discretion and when consistent with payer or contractual requirements.

ATTENDANCE & TERMINATION OF SERVICES

Consistent attendance is an important part of effective psychotherapy and is necessary to maintain an active treatment relationship.

Three or more missed sessions within a period that the Practice determines to be unreasonable may result in termination of services.

For purposes of this policy, missed sessions may include no-shows, repeated late cancellations, or other patterns of nonattendance that substantially interfere with continuity of treatment. The therapist will consider the circumstances, clinical needs, safety concerns, and whether the attendance pattern can reasonably support ongoing outpatient treatment.

When termination is clinically and ethically appropriate, Alternative Pride Wellness will make reasonable efforts to notify the client and, when appropriate, provide transition or referral information. This policy does not require the Practice to continue reserving appointments indefinitely when a client repeatedly fails to attend scheduled sessions.

ACTIVE CARD-ON-FILE REQUIREMENT

Clients are required to maintain an active, valid payment card on file as a condition of receiving ongoing services.

The card on file may be automatically charged for amounts that are properly the client's responsibility, including applicable copayments, deductibles, coinsurance, private-pay charges, late-cancellation/no-show fees, and other authorized patient-responsibility balances, subject to applicable law, payer contracts, and any separate payment authorization.

If the payment card on file becomes expired, declined, invalid, removed, or otherwise unavailable, non-emergency routine services may be suspended until an active payment method is restored.

Suspension for payment-method issues will be handled in a manner consistent with professional obligations, clinical needs, applicable payer requirements, and continuity-of-care considerations.

FEES, INSURANCE & PRIVATE PAY

Alternative Pride Wellness accepts insurance and private payment. Fees, expected client responsibility, and payment arrangements will be communicated through the Practice and/or the applicable billing platform.

For insurance clients, benefit or eligibility information obtained before a session is an estimate and is not a guarantee that a claim will be paid. Final patient responsibility is determined by the health plan's adjudication of the claim, subject to applicable law and the Practice's payer agreements.

Clients are responsible for applicable copayments, deductibles, coinsurance, non-covered services, and other amounts that the health plan assigns to the client and that the Practice is legally and contractually

permitted to collect.

Private-pay clients are responsible for the agreed fee for services. Uninsured and self-pay clients will receive Good Faith Estimate information when required by federal law.

CLIENT RESPONSIBILITY FOR INSURANCE COVERAGE

Clients are responsible for maintaining current insurance coverage information and promptly notifying Alternative Pride Wellness of any change in insurance, plan, member identification number, eligibility, coordination of benefits, or other coverage information.

Clients are encouraged to verify their own coverage, benefits, network status, deductible, copayment, coinsurance, authorization requirements, and other plan rules. Verification of benefits by the Practice does not guarantee payment by the insurer.

If a claim is denied, reversed, recouped, or otherwise not paid because coverage changed, terminated, was inactive, information supplied by the client was inaccurate or outdated, or the client failed to provide updated insurance information, the client may be financially responsible for amounts that are legally and contractually assignable to the client.

The Practice will not bill a client for amounts that applicable law or an insurance contract prohibits the Practice from collecting. Clients should contact their insurer directly regarding enrollment, eligibility, benefit, or coverage disputes.

PAYMENT & AUTOMATIC CHARGES

Payment information may be maintained through Headway, TherapyNotes, or another approved payment processor used by the Practice.

By maintaining an authorized payment method on file, clients may be charged for properly assessed patient-responsibility amounts in accordance with the Practice's payment authorization and these policies.

Clients are responsible for promptly updating expired or replaced cards and addressing declined payments or outstanding balances.

The Practice will not knowingly charge a fee or patient balance that conflicts with applicable law or a binding payer contract.

TELEHEALTH

Therapy is provided remotely using telehealth technology. Telehealth has benefits and limitations, including possible technology failures, interruptions, and privacy risks.

Clients should participate from a private location when possible and use a secure internet connection. The therapist may ask the client to confirm their current physical location at the beginning of a session when needed for safety, emergency response, or licensure compliance.

If technology fails, the therapist and client may attempt to reconnect, use an approved alternate communication method, reschedule, or make another clinically appropriate arrangement.

Separate telehealth informed consent may be required and maintained in the clinical record.

COMMUNICATION BETWEEN SESSIONS

Email, voicemail, portal messages, and text-based communications are intended primarily for scheduling, administrative matters, and limited non-urgent communication unless otherwise agreed.

Electronic communication can carry privacy risks. Clients should use secure portals or other designated secure methods for sensitive clinical information whenever available.

Messages are not continuously monitored and should not be used for emergencies or urgent safety needs. Response times may vary based on clinical schedule, weekends, holidays, and time away from the Practice.

EMERGENCIES & CRISIS SITUATIONS

Alternative Pride Wellness does not provide 24-hour crisis coverage. If you are experiencing a medical or psychiatric emergency, believe you may harm yourself or someone else, or need immediate assistance, call 911 or go to the nearest emergency department.

You may also call or text **988** to reach the Suicide & Crisis Lifeline in the United States.

During therapy, the therapist may work with clients to identify appropriate crisis resources, emergency contacts, and safety plans when clinically indicated.

CONFIDENTIALITY & PRIVACY

Information shared in therapy is treated as confidential and protected according to applicable federal and state law and professional standards. Confidentiality has legal and ethical exceptions, including certain mandatory reports, safety situations, legal requirements, and disclosures authorized by the client.

Detailed information about uses and disclosures of protected health information is provided in the Alternative Pride Wellness, LLC Notice of Privacy Practices.

RECORDS & DOCUMENTATION

Alternative Pride Wellness maintains clinical and administrative records as required for treatment, billing, legal, ethical, and business purposes. Records may be maintained through secure electronic systems including Headway and/or TherapyNotes.

Clients may have rights to access or request amendment of certain records. Psychotherapy notes, when separately maintained and meeting the legal definition, are subject to different rules from the general clinical record.

AI-ASSISTED DOCUMENTATION

Alternative Pride Wellness may use **TheraPro AI**, an AI-assisted clinical documentation tool, to help prepare draft clinical notes or summaries.

When used, information from a therapy session may be processed by the technology for documentation purposes. AI does not replace the therapist's clinical judgment, independently diagnose clients, or make treatment decisions.

Monica Rose, LMSW remains responsible for reviewing, editing as needed, approving, and finalizing clinical documentation.

Clients may receive a separate AI-Assisted Clinical Documentation Disclosure and Consent describing the technology, privacy practices, and available choices in greater detail.

SOCIAL MEDIA & ONLINE INTERACTIONS

Alternative Pride Wellness may maintain professional websites or social-media accounts for education and marketing. Public interaction with the Practice online can reveal information about a person's relationship with the Practice.

To protect privacy and professional boundaries, the therapist generally will not confirm or discuss a person's client status, treatment, or clinical information through public comments, reviews, or social-media interactions.

Social-media messaging should not be used for emergencies, crisis communication, or sensitive clinical information.

PROFESSIONAL BOUNDARIES

The therapeutic relationship is a professional relationship. Boundaries are maintained to support client welfare, confidentiality, objectivity, and ethical practice.

Requests involving dual relationships, gifts, social contact, online connections, or other boundary issues may be discussed individually and handled according to professional ethics and clinical judgment.

COORDINATION OF CARE & RELEASES

When coordination with another provider, family member, school, attorney, or other third party is appropriate, the Practice may request a valid written authorization before releasing information unless disclosure is otherwise permitted or required by law.

Clients may generally revoke an authorization in writing, subject to applicable legal limitations and actions already taken in reliance on the authorization.

ENDING OR TRANSITIONING THERAPY

Clients may choose to stop therapy at any time. Whenever possible, discussing the decision with the therapist can support an appropriate transition and continuity of care.

The Practice may recommend discharge, referral, or transfer when services are no longer clinically appropriate, the client's needs are outside the therapist's scope, attendance prevents effective treatment, required payment arrangements are not maintained, safety requires a different level of care, or other ethical or clinical circumstances warrant transition.

When appropriate, reasonable efforts will be made to discuss the transition and provide referral resources.

CLIENT RESPONSIBILITIES

Clients are expected to provide accurate information, participate in treatment planning, ask questions, communicate concerns, attend appointments as scheduled, maintain an active payment card, keep contact and insurance information current, and inform the therapist of significant changes that may affect treatment.

Clients are responsible for informing the therapist of their physical location during telehealth when requested and for seeking emergency services when immediate intervention is required.

CHANGES TO PRACTICE POLICIES

Alternative Pride Wellness may revise these policies as laws, payer requirements, technology, or Practice procedures change. Material changes will be communicated or made available to clients as appropriate.

QUESTIONS & CONTACT INFORMATION

Questions about these policies may be directed to:

Monica Rose, LMSW

Alternative Pride Wellness, LLC

Phone: (231) 828-1905

Email: Monica@alternativepridewellness.com

ACKNOWLEDGMENT OF PRACTICE POLICIES

I acknowledge that I have received or been provided access to the Alternative Pride Wellness, LLC Practice Policies. I understand the 24-hour cancellation requirement, the \$75 late-cancellation/no-show fee, the attendance and termination policy, the active card-on-file requirement, automatic charges for properly assessed patient-responsibility amounts, and my responsibility to keep insurance information current. I understand that additional informed-consent, privacy, financial, telehealth, or technology-related documents may also apply to my care.

Client Name: _____

Client Signature: _____

Date: _____

Parent/Guardian/Personal Representative, if applicable:

Name: _____

Signature: _____

Relationship to Client: _____

Date: _____

Practice review note: Before adopting these policies, confirm that the \$75 missed-appointment fee, automatic card charges, suspension practices, insurance-responsibility language, and termination procedures are consistent with each payer contract, payment authorization, professional obligations, and applicable Michigan/federal requirements.