



**Sean Bedford, Mental Health Counselor, PLLC d/b/a LifeBrite Therapy**

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# PRACTICE POLICIES

**Effective Date:** JUNE 6, 2026

**THIS NOTICE DESCRIBES HOW SERVICES ARE PROVIDED IN THIS PRACTICE, INCLUDING SCHEDULING, CANCELLATIONS, COMMUNICATION, EMERGENCIES, ELECTRONIC COMMUNICATION, TELEHEALTH SERVICES, AND TERMINATION OF SERVICES. PLEASE REVIEW IT CAREFULLY.**

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## I. APPOINTMENTS AND CANCELLATIONS

The standard psychotherapy session is 55 minutes in length. Requests for longer or shorter sessions must be discussed in advance and are subject to therapist availability.

Appointments may be cancelled or rescheduled without charge if notice is received at least 24 hours before the scheduled appointment time.

Appointments cancelled with less than 24 hours notice, missed appointments, and late arrivals that prevent meaningful use of the scheduled session time may be charged the full session fee. Insurance companies do not reimburse missed appointment fees, and clients are personally responsible for these charges.

Because appointment times are reserved exclusively for you, late cancellations and missed appointments prevent that time from being offered to another client.

If you arrive late for a scheduled session, the session will still end at the scheduled time and the full session fee may apply.

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## II. TELEPHONE ACCESSIBILITY

If you need to contact me between sessions, please leave a voicemail message. I am often unavailable while providing services to other clients. I make reasonable efforts to respond to messages within one business day; however, response times cannot be guaranteed.

Face-to-face telehealth sessions are generally preferable to telephone sessions. In certain circumstances, such as illness, travel, technical difficulties, or the need for additional support, telephone sessions may be available at my discretion.

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### **III. EMERGENCIES**

This practice does not provide twenty-four-hour crisis services.

If you are experiencing a medical or psychiatric emergency, are having thoughts of harming yourself or others, or otherwise require immediate assistance, call 911, go to your nearest emergency room, or contact 988, the Suicide & Crisis Lifeline.

Voicemail, email, text messaging, and other electronic communications should not be used for emergency communications.

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### **IV. SOCIAL MEDIA**

Due to the importance of maintaining confidentiality and appropriate professional boundaries, I do not accept friend requests, follow requests, connection requests, or similar invitations from current or former clients on social networking platforms, including but not limited to Facebook, Instagram, LinkedIn, TikTok, and other social media sites.

Engaging with clients through social media may compromise confidentiality, create dual relationships, and blur the boundaries of the therapeutic relationship. If you have questions about this policy, we can discuss them during a session.

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### **V. ELECTRONIC COMMUNICATION**

Reasonable safeguards are used to protect electronic communications; however, confidentiality cannot be guaranteed when information is transmitted electronically. Despite the use of secure technologies, electronic communications carry some inherent privacy and security risks.

Clients may choose to communicate regarding scheduling, cancellations, billing, and administrative matters through email, text messaging, or other electronic means. Electronic communications should not be used to discuss clinical concerns, therapeutic content, or emergencies.

While I make reasonable efforts to respond to electronic communications in a timely manner, immediate responses cannot be guaranteed.

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## **VI. TELEHEALTH SERVICES**

As a telehealth practice, services may be provided through secure video conferencing technology.

Potential benefits of telehealth include improved access to care, convenience, continuity of treatment, reduced travel time, and increased scheduling flexibility.

Potential risks include interruptions caused by technical difficulties, limitations in the therapist's ability to observe nonverbal behavior, and potential privacy risks associated with electronic communications despite reasonable security safeguards.

You have the right to withdraw your consent to telehealth services at any time. Withdrawal of consent will not affect your right to future treatment, although alternative arrangements may be necessary.

All confidentiality protections that apply to in-person services also apply to telehealth services.

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## **VII. MINORS**

When working with minors, parents and legal guardians may have certain legal rights regarding access to treatment information. However, effective therapy often requires that minors have a degree of privacy and confidentiality.

I will discuss confidentiality expectations with both the minor and parent(s) or guardian(s) at the beginning of treatment. Disclosure decisions involving minors will be made in accordance with applicable New York law, ethical standards, and professional judgment.

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## **VIII. TERMINATION OF SERVICES**

Ending therapy is an important part of the therapeutic process. Whenever possible, treatment should conclude through a planned termination process that allows for review of progress, discussion of future needs, and appropriate closure.

I may recommend termination of treatment or referral to another provider when:

- Treatment goals have been met.
- Services are no longer being effectively utilized.
- Continued treatment is not clinically appropriate.
- Your needs fall outside my scope of competence or practice.
- Ongoing nonpayment for services occurs.
- Circumstances arise that interfere with the provision of effective treatment.

Except when immediate termination is legally or ethically required, I will make reasonable efforts to discuss the reasons for termination and provide referrals to alternative providers when appropriate.

If therapy is terminated or you request referral to another therapist, I will provide referrals to qualified mental health professionals whenever possible.

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## IX. INACTIVE CASES

If I have not heard from you and no appointment has been scheduled for thirty (30) days, and no alternative arrangements have been made, I may consider your case inactive and close your file. You are welcome to contact me in the future to inquire about resuming services, subject to availability and clinical appropriateness.

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## ACKNOWLEDGEMENT OF RECEIPT OF PRACTICE POLICIES

**By signing below, I acknowledge that I have read, understood, and agree to abide by the policies contained in this document.**

Client Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

Parent/Guardian (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_