

**Ivan Vega-Pacheco, MA, LPC, NCC**

*Outpatient Psychotherapist*  
(Private Practice Provider)



**Location:** Remote/Virtual (Telehealth Only)

**Email:** [ivegapacheco.counseling@gmail.com](mailto:ivegapacheco.counseling@gmail.com)

**Mobile** (HIPAA-Compliant): (717) 204-8601

**Fax** (Confidential): (717) 259-3805



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## PRACTICE POLICIES

### **Headway and Simple Practice (What is the difference?)**

You will receive an email or cellphone message from two sources: Headway and *Simple Practice*. These are the platforms that I use to deliver counseling and psychotherapy services.

- I partnered with Headway—a third-party billing service that files insurance claims on my behalf. If you are a private pay client, you will only receive email notifications from *Simple Practice*.
- I utilize *Simple Practice*, as an electronic health record, for scheduling, record-keeping tasks, and telehealth sessions.

You need to create a profile for both platforms by completing the respective registration process. It might seem like a lot upfront, but there is minimal paperwork (if any) after that. All of this is necessary to protect you, the client, and me—the provider.

### **Appointments and Cancellations**

Appointments are scheduled in advance, at a cadence we agree on, based on your goals, treatment needs, and our mutual availability. Payments for each appointment will be made through Headway by debit or credit card or ACH transfer.

You may cancel appointments in advance without charge, as long as I receive notice far enough in advance. For appointment no-shows or last-minute cancellations, you may be charged a fee. Please reach out to me directly for my latest policy on the cancellation cutoff period and fees.

### **Availability and After-Hours Emergencies**

Providers check for voicemail messages during normal business hours. Messages left outside of normal hours of operation will be picked up the next business day. If you are experiencing suicidal or homicidal thoughts, are in crisis, or need immediate help, please call 911 or go to the nearest emergency department.

#### National Crisis Intervention Hotlines:

*Suicide Prevention Lifeline:* 988

*Veterans Crisis Line:* Dial 988, Then Press 1

*Domestic Violence:* 1-800-799-7233

*Sexual Assault:* 1-800-656-4673

*Human Trafficking:* 1-888-373-7888

*The Trevor Project (LGBTQ+):* 1-866-488-7386

### **Contacting Me**

I agree to receive text communication from you at (717) 204-8601 (HIPAA-Compliant). Text messaging will be purposed for appointment reminders (including cancelations and rescheduling prompts), to reach you if regular phone call attempts are futile, and to provide digital mental health resources in lieu of an email. Your text messages will not be shared with any third party. If you want to opt out of texting, please inform me at your earliest convenience.

Please be advised that I may not be immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voicemail, and I will return your call once I've reviewed your chart, but it may take a day or two for non-urgent matters. I will make every attempt to inform you in advance of planned absences and provide you with the name and phone number of the mental health professional covering my practice. If I need to cancel an appointment at the last minute, I will reach out as soon as possible and reschedule.

### **Social Media and Telecommunication**

Due to the importance of your confidentiality and the value of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (LinkedIn, etc.). Adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

### **Discharge Process**

There are several reasons why we may eventually end our professional relationship. You may decide you would prefer to work with a different provider. I may reach the conclusion you would be better served working with someone else. Regardless of the case, I will first discuss with you the reasons for discharging, and if you request, provide you with a list of other qualified providers. I will also extend the discharge process length, if necessary, based on your treatment needs, including continuing to provide emergency support for a time-limited period after you have been notified of the end of our treatment relationship.

Please note that ongoing failure to pay for treatment, attend sessions, or communicate with me in a respectful and timely manner can also result in discharge from my practice. In these instances, to ensure you have continued access to care, I will still make every reasonable effort to get in touch with you and provide referrals to a new provider before I consider our relationship ended.

**BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**