CLIENT RIGHTS, RESPONSIBILITIES and INFORMED CONSENT

Counseling is a collaborative process with your therapist that involves…

_ Exploring the issues that brought you to therapy.

_ Building a trusting relationship with your therapist.

_ Deciding upon specific goals and objectives.

_ Working toward these goals and objectives.

_ Evaluating your progress on a regular basis.

I understand …

_ That I have chosen to receive treatment services and I may terminate my therapy at any time, unless ordered by the court.

_ That there is no assurance that I will feel better.

_ That during the course of my treatment, material may be discussed that is upsetting in nature. This is a part of the therapy process and may be necessary to resolve my concerns.

_ That I may be contacted by my health plan to ensure continuity and quality of therapy or after the completion of treatment to assess the outcome of treatment.

_ That records and information collected during my treatment will be held or released in accordance with federal and state laws regarding confidentiality of such records and information.

_ That state and local laws require that my therapist report all cases of suspected abuse or neglect of minors or vulnerable adults.

_ That state and local laws require that my therapist report all cases where there exists a danger to self or others.

_ That there may be other circumstances in which the law requires my therapist to disclose confidential information.

***I have the right**…*

_ To confidentiality under federal and state laws relating to the receipt of therapy.

_ To be informed of and ask questions about my therapy including the qualifications of my therapist.

_ To be a collaborative partner with my therapist in the development of treatment plans and goals.

_ To select a therapist of my choice at my expense.

_ To make an informed decision about whether to accept or refuse treatment.

_ To contact and consult with counsel at my expense.

General Office Policies:

_ Office hours are Monday-Friday. Phone calls are generally returned within 24-48 hours.

_ The initial appointment charge is $175 and subsequent appointments are $150 for a 60 minute session, $110 for a 45 minute session, and $90 for a 30 minute session.

_ Payment is due at the time that services are rendered. Payment can be made with cash, check or through PayPal online and receipt will be provided for client records. Unpaid balances will incur a **$25 per month late fee** for each month payment in full is not made by the 15th day of each month. Overdue balances past 60 days may be referred to collections or other legal collection manner. In this event, the least amount of necessary information will be disclosed in order to facilitate collection.

_ Communication outside of sessions will incur an additional fee. (see fee sheet)

_ First missed or cancelled appointments without **24 hours notice**, for any reason other than an emergency, will be charged at $50. Any missed appointments after that will be charged at $75. Messages may be left at **319-981-2122** at any time to change or cancel appointments. A pattern of no shows or late cancellations may result in denial of services.

_ **Emergency situations:** If you are experiencing a counseling emergency and are unable to reach me, please call your local 24 hour crisis line or if you are experiencing a life threatening emergency, go immediately to the nearest hospital emergency room. For the Cedar Rapids area the crisis line is through **Foundation 2 at 362-2174.**

I understand that my therapist, health plan representatives, and my primary care physician may exchange any and all information pertaining to my therapy to the extent that such disclosure is necessary for claims processing, case management, coordination of treatment, quality assurance, and/or utilization review purposes. I understand that I can revoke my consent at any time except to the extent that treatment has already been rendered or that the action has been taken in reliance on this consent. I understand that if I do not revoke this consent, it will expire automatically one year after all claims for treatment have been paid as provided in the benefit plan.

I have read and understand the above.

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Client Signature **Date**