



OFFICE POLICY STATEMENT

PSYCHOLOGICAL SERVICES:

Psychotherapy involves the use of skilled interventions to resolve emotional, mental and behavioral problems in individual, family or group sessions. Psychotherapy has both benefits and risks. Benefits include reduced stress, better relationships and resolution of specific problems. However, therapy might also lead you to experience stressful emotions or changes in your values or relationships. We will explain the purpose for therapeutic interventions and any potential stress we can foresee. You have a right to ask for a different therapist or referral to a different agency if you are dissatisfied at any time. If you desire to change to a different therapist, you must first pay any outstanding bills. Please inform your therapist or Dr. Damsteegt of any concerns you have about your therapy.

CONFIDENTIALITY:

The laws of the State of Iowa require that most issues discussed during the course of therapy with a psychologist, social worker or counselor be held confidential. When couples/families seek therapy, the privilege of confidentiality is more complicated. Ask your therapist for details. Children have some of the same rights. However, parents of minor children also have a right to know the general content of therapy sessions with their children. The client (or parent of a minor child) may waive this privilege of confidentiality by signing an Authorization to Release Information form. Releases are frequently signed in order for a therapist to communicate with a physician, spouse, parents, attorney or a previous counselor. If you learn at any time during the therapy process that information may be requested by a third party, please let your therapist know as soon as possible. Family Psychology makes use of security cameras at the entrances. Notification procedures for any Breaches of Confidentiality are available upon request.

Authorization to Release Information is not required in these circumstances.

1. We occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, we make every effort to avoid revealing the identity of our patients. The other professionals are also legally bound to keep the information confidential. If you do not object, we will not tell you about these consultations unless we feel that it is important to our work together. We will note all consultations in your Clinical Record.

2. You should be aware that we practice with other mental health professionals and that we employ administrative staff. In most cases, we need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing, quality assurance and typing of some therapy notes. All of the mental health professionals are bound by the same rules of confidentiality. Staff members have been trained to protect your privacy and have agreed not to release any information outside of the practice.

3. We are legally obligated to release your Protected Health Information in several circumstances noted on the Notice of Privacy Practices Form.

APPOINTMENTS:

It is a good idea to schedule appointments well in advance to be able to get the time and dates that will work best for your schedule. It is very important that you keep your appointment with your counselor in order for counseling to be most effective. An appointment is like a contract between your counselor and yourself. Once you make an appointment, please give it very high priority. We understand that unforeseen crises or illnesses arise. However, if at all possible, call us at least 24 hours prior to the appointment if you must cancel or change the time. Voice mail is available 24 hours a day, with an option of connecting to a live person.

Unless restricted from doing so by a third party payer, your therapist may bill you for missed appointments. The charge will be either \$50.00 or \$100.00. If there are extenuating circumstances, you may not be billed for the session. Repeatedly missing appointments will result in a charge and may result in no longer being able to see your counselor. If you are charged for a missed appointment, we ask that you pay for that session before seeing your counselor for another session.

CHARGES, FEES AND INSURANCE:

- If you have health insurance, part of your therapy expenses may be covered. We will bill your Primary Insurance and Secondary Insurance, if applicable. Remember, you are responsible for all charges and no guarantee of insurance coverage is implied by the fact that we submit your insurance claims. This office does not accept responsibility for collecting your insurance claims or for negotiating a settlement on a disputed claim.
- **Co-payment is to be paid at the time of service.** We do our best to receive the correct information from your insurance company. We may have to adjust the amount of your co-payment after your insurance actually pays.
- The person who seeks therapy, either for him/herself or for a minor, is responsible for payment. Parents are responsible for account payments for their minor child. Accounts unpaid after 90 days may be released for collection to a collection agency. If no session has been scheduled for 60 days, we understand our therapeutic relationship to have ended, unless otherwise agreed upon. If you want to continue counseling after that time, we will be happy to re-open your file when all outstanding bills have been paid.
- If you or your child damages any office fixtures or furnishings, we ask that you reimburse us for the cost of cleaning, repair or replacement, preferably before your next appointment.
- **Intake Interview - \$250**
- **Psychotherapy (45-50 minutes) - \$175**
- **Family Therapy - \$175**
- **Psychological Testing**
-The cost varies with each test involved but generally we charge \$150 for one hour testing.
- **Returned Check Charge**
-Charge for returned check from bank (\$50 per incident)
- **Consultation Fees:**
-You may be charged for Email or phone call consultations and/or court related issues.

I have read this Office Policy statement and agree to abide by its terms.

Signed: _____

(Client, Parent or Legal Guardian)

(Date)