

## **BEACON OF HOPE COUNSELING POLICIES & PROCEDURES**

Welcome to Beacon of Hope Counseling LLC. Since you are new here, we hope this provides in-depth answers to some of your questions as you embark on the wonderful therapy journey. When you sign this document, you state that you understand and will adhere to the information in this Informed Consent. If you still have questions, we welcome you to ask for more clarity.

### **Services Offered**

Beacon of Hope Counseling provides outpatient therapeutic services. We work with adults, adolescents, and children. Licensed practitioners provide individual, couple, and family counseling out of the office or via teletherapy. In extenuating circumstances, another agreed-upon location may be used. If you are out of town, sick, or need additional support, phone or teletherapy sessions are available.

We return all messages as quickly as possible, Monday through Friday. Messages left on the weekend may be returned on Monday. We do not guarantee 24-hour crisis coverage. If your therapist is unavailable in crisis, please reference our resource page for crisis numbers, proceed to your local hospital emergency room, or call 911.

### **Initial Appointment, Diagnosis, and Counseling Process**

Initial assessments take place during the first appointment. These appointments are used to learn more about you, some of the challenges that led you to make an appointment, your intended goals, and to determine the best course of care. We ask that you submit the intake forms 48 hours before your initial appointment so your therapist can review the documentation.

A diagnosis will be given for each client being seen, just as with a visit to a medical doctor. If ongoing counseling is recommended, and the therapist and client decide to work together, we will diligently work to provide the best therapeutic care possible. The therapist and client will create a treatment plan that addresses both long-term and short-term goals to meet best the needs of why the client came in for therapy. Therapy sessions are commonly set for once per week, for approximately 53 minutes.

Your commitment to the process is essential for the counseling process to be successful. This commitment includes regular attendance, active participation, and completion of the process through the planned termination of counseling services. Homework may be used between sessions to help enhance your growth process. You may initially begin to find some relief from symptoms, and it may be tempting to terminate. However, this initial relief is often temporary if counseling is stopped abruptly. Because all therapists want to see you have the greatest growth possible when you are here, we will work with you to plan a successful wrap-up. This is an essential part of the counseling process, and we highly encourage you to honor your work by not neglecting this phase.

## **Rates and Insurance**

Our current fees are as follows:

Initial Intake Appointment: \$240

Individual Therapy Sessions: \$200

Couples Therapy Sessions: \$205

If you are interested in paying out-of-pocket, we offer therapy packages for individual counseling (including initial appointment) in the following increments:

Initial + 4 sessions: \$720

Initial + 8 sessions: \$1,440

Initial + 12 sessions: \$2,160

We are an in-network with Blue Cross & Blue Shield of Iowa PPO (Including Blue Choice PPO, Blue Choice Preferred PPO, and Blue Options PPO). If you have out-of-network insurance, you can be given a Super-bill for your sessions, which you may use to request reimbursement from your insurance company and will include a diagnosis. Telephone consults less than 10 minutes are complementary if not overused. Phone sessions that last more than 10 minutes will be charged to the client directly. Phone sessions are exactly the same as office sessions.

Payment is due at the time of service. Acceptable forms of payment are any major debit or credit card, as payment is required electronically. If fees for services are not paid in a reasonable amount of time and attempts have been made to resolve the financial matter to no avail, a client account may be sent to a collection service.

## **Canceled or Missed Appointments**

Due to the nature of counseling services, we never overbook our schedules. We require 24-hour notification of cancellation. We charge a \$50 Cancellation Fee for any appointment not canceled 24 hours in advance. If you are more than 20 minutes late for your scheduled appointment, you may be asked to reschedule for another day, and you will be charged the \$65 Cancellation Fee. These fees are immediately due by you.

Please note that two or more missed appointments without notifying your therapist may result in the termination of services. In inclement weather, as determined by the local school district, the cancellation fee may be waived. To have your fee waived, you must contact the therapist before your appointment to notify the therapist that you will not arrive due to inclement weather. You are financially responsible for the time you have reserved with your therapist. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late, you may lose some of that session time.

## **Confidentiality**

Legal and ethical standards require us to maintain confidentiality. Information cannot be divulged to any outside parties without your written consent with the following exceptions: if you threaten

or attempt to commit suicide or become a danger to yourself or others, we become aware of any real or alleged abuse to children, elderly, or incapacitated people (in which case we are mandated reporters of the State of Iowa), and if we receive a properly issued subpoena accompanied by a court order to produce records.

If your therapist receives clinical supervision, s/he will inform you of that process. If you are here with family members, your therapist will discuss expectations and limitations of confidentiality. We will discuss any need to disclose confidential information about you. We are happy to answer any questions you have about the exceptions to confidentiality.

If we see each other accidentally outside the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will gladly speak briefly. Still, it is appropriate to refrain from engaging in lengthy discussions in public or outside the therapy office.

### **Our Legal Duty**

As a recipient of health care services, you have certain rights. To learn more about these rights, we suggest you visit <https://www.hhs.gov/hipaa/for-individuals/index.html>. We are required by law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, legal duties, and your rights concerning your health information. We will follow the privacy practices described in this Notice while it is in effect.

We reserve the right to change our privacy practices and the terms of this Notice at any time. We reserve the right to change our privacy practices and the new terms of our Notice effective for all health information we maintain, including health information we created or received before making the changes. Before significantly changing our privacy practices, we will make commercially reasonable efforts to change this Notice and make the new Notice available upon request. You may request a copy of our Notice at any time. For more information about our privacy practices or additional copies of this Notice, please contact us using the information listed at the end of this Notice.

### **Our Use and Disclosure of Health Information**

We use and disclose your health information only as necessary for treatment, payment, and our healthcare operations. For example:

#### **A. Treatment:**

We may use or disclose your health information to a physician or other healthcare provider providing treatment to you with your written consent. At no time will we correspond with any persons without your disclosure.

#### **B. Payment:**

We may use and disclose your health information to obtain payment for our services. An example of this is Insurance companies.

**C. Health care operations:**

We may use and disclose your health information concerning our healthcare operations. Healthcare operations include, without limitation, quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, and accreditation, certification, licensing, or credentialing activities.

**Your Authorization**

In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us a written authorization, you may revoke it in writing at any time. However, such revocation will not affect any use or disclosures permitted by your authorization while it is in effect. Unless you give us written authorization, we will not use or intentionally disclose your health information for any reason except those described in this Notice.

**Involvement in Court Proceedings**

At Beacon Of Hope Counseling, we adhere to policies and procedures to ensure the highest quality and ethical standards in our therapeutic services. These policies include maintaining the confidentiality of your personal and therapeutic information, seeking your informed consent for any disclosures, and upholding your rights as a client.

**Therapeutic Practice:**

Our therapeutic practice is committed to providing a safe and confidential environment where you can explore your concerns, work towards your goals, and experience personal growth. We follow evidence-based therapeutic approaches and tailor our interventions to meet your unique needs. Our primary focus is on your well-being and helping you achieve your desired outcomes.

**Involvement in Court Proceedings:**

Be aware that we are typically not involved in court proceedings unless legally compelled to do so through a subpoena issued by a judge. In such cases, we must comply with the court's request.

If we receive a subpoena, it is essential to note that associated costs are involved. The cost for preparing and providing documentation requested in the subpoena is \$2000. Additionally, if required to appear in court, there is an additional fee of \$3000. These fees cover the time and resources required to fulfill the legal obligations associated with court proceedings.

Our primary role as your therapist is to provide therapeutic support and guidance. While we strive to maintain a neutral and unbiased stance, our involvement in court proceedings may impact the therapeutic relationship and the trust built during our sessions.

**Records Fee**

In order to ensure the smooth provision of services, there will be a fee associated with obtaining paperwork for disability or any other healthcare records.

The fee for obtaining paperwork for disability or other healthcare records is \$75.

### **Abuse or Neglect**

We may disclose your health information to appropriate authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence, or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

### **Patient Rights**

You have the right to review or obtain copies of your health information, with limited exceptions. You may request copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must request in writing to obtain access to your health information. You may obtain a form to request access using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice.

### **Questions and Complaints**

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may contact us using the contact information listed below. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information and will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

### **Supervisory Disclosure**

State of Iowa guidelines from the Bureau of Professional Licensure and the Iowa Board of Social Work governing licensed mental health professionals, as well as the National Association of Social Workers Code of Ethics, require that you be informed that a licensed or registered professional of the appropriate discipline is supervising the work of your therapist. The primary supervisor has full responsibility for the supervised work of their supervisees.

To ensure the highest standard of care, supervisors monitor and review the progress of your work with your therapist. The limits of confidentiality delineated in Beacon of Hope Services Informed Consent for Treatment apply to this supervised practice. The responsible supervisor for your therapist is listed below and is available for consultation upon request. This form will be placed in

your confidential file. If you have any questions about this supervisory relationship, you are encouraged to talk to your therapist.

### **Recordings**

Video recordings may be conducted during sessions at Beacon Of Hope for learning purposes only. If a video recording is to be made, the client will be asked for explicit permission beforehand. The client can deny the recording at any time without any negative consequences. If the client denies the recording, a document will be provided for the client to sign, acknowledging their decision.

### **Social Media Policy**

We do not interact with current or former clients on social networking websites to maintain your confidentiality and our respective privacy. Therapists do not accept friend or contact requests on personal accounts from current or former clients on any social networking sites, including Twitter, Facebook, Instagram, LinkedIn, etc. We will not respond to friend requests or messages through these sites. We will not solicit testimonials, ratings, or grades from clients on websites or through any means. To maintain your confidentiality, we will not respond to testimonials, ratings, or grades on websites, whether positive or negative. We hope that you will bring concerns about our work together to the therapy session so we can address concerns directly.

Please do not contact us through text messages or emails regarding clinical issues. These are not secure communication methods, and we may need to get the message promptly, or the communication will be interpreted unclearly. If you need to contact your therapist between sessions, please call (319) 359-7047 Text messages and emails are only used for scheduling, changing, or canceling appointments.

### **Termination & Transfer Plans**

Ending relationships can be difficult. Therefore, it is vital to have a termination process to achieve some closure. The termination's appropriate length depends on the treatment's length and intensity. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not effectively used or if you default on payment.

I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Suppose you only schedule an appointment for three consecutive weeks if other arrangements have been made in advance; I must assume the professional relationship has been discontinued for legal and ethical reasons. In the event of incapacitation, death, or termination of a therapist's practice at Beacon of Hope Counseling during your care, your records will remain in our possession, and a

new therapist will be made available. If you desire to transfer care outside of our practice, you may sign a release of records, and we will release a standard extract from your file to the initial intake and most recent progress notes. It is our standard policy to release records directly to another provider. The designee will arrange any variance.

## **Minors**

Suppose you are between the ages of 12 and 18. In that case, the law may provide your parents the right to examine your treatment records if, after being informed of your parents' request to examine your records, you do not object or your therapist does not find that there are compelling reasons for denying the access to the records. Notwithstanding the above, your parents are always entitled to the following information: current physical and mental condition, diagnosis, treatment needs, services provided, and services needed. Before giving them any information, your therapist will discuss the matter with you, if possible, and do their best to handle any objections you may have with what is prepared to discuss.

## **Client Payment Policy**

At Beacon of Hope, we prioritize transparency and convenience regarding payment for our services. We understand the importance of a smooth payment process, allowing you to focus on your therapeutic journey without hassle. Please take a moment to familiarize yourself with our client payment policy outlined below.

### 1. Monthly Billing Cycle:

Statements detailing the services rendered during the previous month will be sent out on the first of every month. It is essential to review these statements carefully to ensure accuracy and promptly address any questions or concerns.

### 2. Credit Card on File:

To ensure a seamless payment process, all clients of Beacon of Hope must have a credit card on file. This allows for efficient and secure transactions. Rest assured that your credit card information will be handled with the utmost confidentiality and stored in compliance with industry standards.

### 3. Payment Options:

Clients have two convenient options for making payments:

a. Online Portal: Our secure online payment portal enables you to make payments quickly and conveniently from your home. Log in to the portal using your unique credentials and follow the instructions to complete your payment.

b. In-Person Payments: Our office is equipped to accept payments during regular business hours for those who prefer to make payments in person. Our friendly staff will be available to assist you and answer any questions you may have regarding the payment process.

### 4. Balance Billing:

At the beginning of each month, we will automatically process your payment using the credit card on file if you have a balance remaining from the previous month. This ensures that outstanding balances are addressed promptly, allowing you to stay focused on your therapeutic progress.

We understand that unforeseen circumstances can arise, leading to difficulties in meeting payment obligations. We encourage you to contact our billing department if you are facing financial challenges. We are committed to exploring potential solutions and developing a mutually beneficial payment plan with you.

Should you have any questions or concerns regarding our client payment policy, please do not hesitate to contact our billing department. We are here to provide assistance and support, ensuring a positive experience throughout your therapeutic journey at Beacon of Hope.

### **Changes to the Terms of this Notice**

We can change the terms of this notice, which will apply to all information we have about you. The new notice will be available upon request in our office and on our website.

Notice of Privacy Policies and Clients Rights

For more information, see: <https://www.hhs.gov/hipaa/index.html>

### **Agreement**

I have read and understand the above statement on services, policies, and procedures.

Client Signature:

Witness (therapist) Signature:

Date:

### **CONTACT**

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