BEACON OF HOPE CORALVILLE COUNSELING POLICIES & PROCEDURES

Welcome to Beacon of Hope ~ Coralville Counseling Center, 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 ~ Coralville Counseling Center 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 Monday. We do not guarantee 24-hour crisis coverage. If your therapist is unavailable when you are 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 at least 48 hours before your initial appointment for your therapist to have time to 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 important 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: $220
Individual Therapy Sessions: $180
Couples Therapy Sessions: $185

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: $640
Initial + 8 sessions: $1,280
Initial + 12 sessions: $1,920

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 the same cost 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-hours 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 with you. Still, it is appropriate to refrain from engaging in any lengthy discussions in public or outside of 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 make the changes in 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 we significantly change 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 for 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 services we provide. 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 including, without limitation, quality assessment and improvement activities, reviewing the competence or qualifications of Health care professionals, evaluating practitioner and provider performance, conducting training programs, 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 a written authorization, we will not use or intentionally disclose your health information for any reason except those described in this Notice.

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, or 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 make a 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

To learn more about our privacy practices or have questions or concerns, please contact us. 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.

Clinician's Name: Sara Berry, LMSW
Clinician/Primary Supervisor's Name & Credential: Celia Dunnington, LISW
Secondary Supervisor's Name & Credential: Bobby Jo Salm, LISW, RPT

Recordings

It should be noted that clients are informed that recording any part of a session, including conversations and videos, is not authorized by the services agreement. An agreement to this effect has been reached with clients. As a private business, it is within my discretion to implement such policies. Failure to comply with this policy may result in immediate discharge from further consultation.

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. We will not respond to testimonials, ratings, or grades on websites, whether positive or negative, to maintain your confidentiality. 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 a method of secure communication, and we may need to get the message promptly, or that communication will be interpreted in an unclear manner. If you need to contact your therapist between sessions, please call (319) 359-7047 Text messages and emails are only to be used for scheduling, changing, or canceling appointments.

Termination & Transfer Plans

Ending relationships can be difficult. Therefore, it is important 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 fail to schedule an appointment for three consecutive weeks unless 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 Therapy 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.

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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