Quad Cities Counseling, PLLC
Services Agreement

Denise Aden, MSW
Licensed Independent Social Worker
2550 Middle Road, Suite 300
Bettendorf, IA 52722
(563) 213-5100
quadcitiescounseling@outlook.com

Welcome to Quad Cities Counseling, PLLC. This document outlines the policies and guidelines I follow in my practice. Please make sure you read through this entire document and understand the terms.

In our first session, I will spend some time going through key points highlighted below to make sure we both have an understanding of how we can work together considering these terms. The below list is not a substitute for all policies included in the following pages.

I welcome any questions from you in our first meeting and *any time following*. I understand the paperwork portion can seem long and tedious but this will help me understand how best to serve you and help you know what to expect from me as your therapist.

Confidentiality: I have the utmost respect for your privacy and will keep all information about your treatment confidential unless one of the following occurs: 1) You give me permission to share specific information 2) I think you may harm yourself or someone else 3) I believe a child or dependent adult has been harmed or 4) As required by your insurance company for reimbursement or payment.

Process of Therapy: Therapy is not a treatment that can be predicted. However, one of the greatest predictors for "success" in therapy is connection with your therapist. Therefore, I encourage you to discuss any concerns along the way and I will let you know if I think I may not be the best fit for your needs.

Appointments: At the end of each session we will make sure to have the following session scheduled. All cancellations require 48 hour notice or you will be billed my cancellation fee of $50.

Communication: The most secure form of communication is by phone or voicemail. If you need to reach me outside of your session time, I encourage you to call my office number. *Please let me know if you prefer to use text or email for communication regarding appointments.*

Payment: I require payment at the beginning of each session. You may pay via cash, check or credit card. My fee for one 45 minute session is $100.

Insurance: Although I do not accept all insurance, I can provide you with a monthly statement to present to your insurance company for possible reimbursement. If you have chosen to use your insurance to help pay for services, please be aware they may request information about

your treatment and even deny services. If you lose coverage at any time, we will discuss the best possible options for you.

Statement of confidentiality
Trust is an important aspect of the therapeutic relationship. Your confidentiality is my utmost concern for maintaining this trust. However, there are times when I am legally and ethically required to break confidentiality.

In such circumstances I only disclose the least amount of information necessary to meet my legal and ethical guidelines. If this occurs, and if it is safe for me to do so, I will inform you of any breaches of your confidentiality as soon as possible.

Below are situations in which I am required to release information to a necessary entity:
1. If I feel you may be a danger to yourself or to another identified person or persons
2. If I learn of suspected abuse of any child under the age of 18
3. If I learn of suspected abuse of any dependent/elder adult
4. If I receive an order by a judge

Please also note that if you choose to use your insurance for payment or reimbursement, your insurance company will be able to access your treatment records. More information on this is in the Insurance section.

Process of Therapy
Scope of Practice
I am a Licensed Independent Social Worker and am governed by the Iowa Department of Public Health Board of Professional Licensure. My scope of practice is limited to therapeutic services and I am not a medical professional. My priority is to ensure you receive the appropriate services and this means I may need to refer you to adjunctive or other services if I feel they may be necessary and they are outside my scope of practice.

Risks and benefits of therapy:
I cannot guarantee that you will see improvement in your relationships or emotions as a result of our work together. Therapy requires multiple things in order to be considered “successful.” These include involvement from you and a comfortable connection between the two of us, as well as clear expectations for what may be possible as a result of our work together.

I encourage you to discuss with me your goals, expectations and concerns at all points during our work together. We will continue to discuss how treatment is working for you throughout our time together and if at any time I feel my treating you may be detrimental then I will recommend we discontinue treatment and provide you with appropriate referrals.

There are times when therapy may bring up unexpected emotions or reactions to relationships. Some things we discuss may surprise you as you learn more about yourself and gain insight. It is possible that you may actually start to feel “worse” before feeling you have attained your goals. If that is the case, it’s important we discuss these feelings along the way.

It is also possible that as a result of our work together, you may wish to adjust how you interact with people in your life. That may mean engaging in some relationships more or disconnecting from other relationships. It is important you discuss with me any concerns or trepidation about these things if they arise.

Course of treatment:

We will spend the first 1-3 sessions deciding if we are a good fit and determining your needs. We will identify your goals and revisit these goals throughout our work together, as I find these often change over time.

Once we mutually agree that your goals for treatment have been met we will determine an appropriate timeframe for ending our work together. Many clients prefer to do this slowly by reducing the number of sessions and some return periodically during stressful times later in life. Please know this process will be very transparent and we will work together to determine what is best for you.

Appointments
Cancelled appointments:
All cancellations require 48 hour notice by phone or you will be billed my cancellation fee of $50. I may choose to make exceptions for extenuating circumstances. We may also choose to hold the session over the phone instead of in the office.

Missed appointments:
All missed appointments (no show, no cancellation) will be billed at the agreed upon regular session rate of $100. If I have your credit card number on file, your credit card will be billed at the scheduled session time.

If I do not hear from you after a missed appointment and have reason for concern, I may reach out to your identified emergency contact to ensure your well-being.

Late appointments:
All sessions begin at the scheduled time and last 45 minutes. If you arrive late, we will meet until 45 minutes after your scheduled session time.

Please note that multiple missed/cancelled appointments and late arrivals may require us to discontinue treatment. In this circumstance, I will discuss with you in person or by phone how we should proceed.

Emergency Procedures
If something were to happen to me, another therapist that I designate will contact you to discuss the situation and ensure you continue to receive services without significant interruption.

If you feel you are experiencing a life-threatening emergency, please call 911.

Communication
Our main form of communication outside the office will be via phone. If you are distressed and feel the need to call me outside of our regular meeting time, please know that I am only available via phone from 8:30-5:30 PM. I will return your call within 3 hours.

E - Mails:
Email is a popular, yet insecure form of communication. When you send an email it has the potential to be seen by many people prior to reaching it's destination. For this reason, I will never discuss anything clinical with you via email and I ask you to refrain from doing so, as well. I also will never send you an email that contains extensive amounts of what is considered

Personal Health Information (PHI). These include things such as social security number or health insurance member ID.

Email may be appropriate for communication regarding appointments, but please be aware the above warning still applies. If you would like to use email communication, please discuss with me.

Cell phones:
If you have a cell phone that provides alerts on your home screen, consider who may easily see notifications of your contact with me. This means how you enter my name in your phone as a contact and which form of communication you would like to have with me (email, text, etc.). You may also choose to turn off certain notifications in your settings for increased privacy.

Texting:
Texting uses similar communication as email and is also, therefore, not secure. For this reason, I will never discuss anything clinical with you via text and I ask you to refrain from doing so, as well. I also will never send you a text message that contains extensive amounts of what is considered Personal Health Information (PHI). These include things such as social security number or health insurance member ID.

Texting may be appropriate for communication regarding appointments, but please be aware the above warning still applies. If you would like to use texting, please discuss with me.

Social Media
I maintain multiple social media accounts for my practice. These accounts serve to promote my services and offer encouragement and resources. They are not a substitute for treatment by a licensed mental health professional and nothing shared should be interpreted as a personal message.

I do not interact with clients via social media. I also do not expect you to follow any of my accounts based on our work together. If you choose to follow one of my accounts and do reach out to me via that method, we will discuss that further in our next session. I may remove your communication/comment/message from my account if I feel it violates your confidentiality.

Payment
I accept cash, check or credit card as payment for services. I will bill your credit card at the time of your session. You may receive a receipt for your payments upon request. I provide receipts on either a weekly or monthly basis, depending on your preference.

By signing below you acknowledge that your credit card will be charged for each session on the date of the session unless previously cancelled within 48 hours of your scheduled session. You also acknowledge you will update your credit card information with my office as needed. It is your responsibility to pay the full fee for services at the time they are rendered, unless I am a participating provider in your insurance plan. In compliance with health insurance contracts, Quad Cities Counseling, PLLC requires that all co-payments are collected at the time of service. This includes payments towards co-insurance and deductibles. In some cases the co-insurance/deductible amount collected will be an estimate and adjustments will be made once a response is received from your insurance company regarding the claim. This may result in a credit to your account or additional charges. Your credit card will be charged monthly for

any unpaid balance including co-pays, co-insurance and deductibles, **We do not have the option to waive co-payments, deductibles or co-insurance amounts due as that would be a violation of the contract we have with the insurance company.**

Client Signature:_____

Insurance Reimbursement

I am an in-network provider with several insurance companies. If you choose to use this insurance but your status changes, it is your responsibility to inform me as soon as possible so we can discuss any possible changes to your payment process. **You must provide your insurance card at your initial appointment so that we may keep a copy in your record in accordance with our contract with the insurance company.** If you switch to a company with whom I am not in-network we will establish the best possible treatment plan for you, which may include referring you to another in-network provider.

We will verify your insurance benefit coverage and obtain any necessary authorizations. To perform this service, 48 hours notice is required prior to scheduling an appointment. **Verification of benefit coverage is not a guarantee of claim payment.** All benefits are subject to the terms and conditions outlined in your contract with your insurance company. It is important that you understand your benefit coverage. For benefit coverage questions, please call the customer/member service phone number on the back of your insurance card. **It is your responsibility, prior to your first appointment, to verify your plan's limitations, deductibles and exclusions.**

When you choose to allow your insurance company to contribute payment to your treatment you do allow them access to your clinical records. I will be required to provide you with a diagnosis and share that diagnosis with the insurance company. I will also be required to follow a treatment plan that relates to that diagnosis. Your insurance company may choose to deny or modify your treatment, based on their medical necessity criteria.

I am not an in-network provider for all insurance companies. Some insurance companies will reimburse you for costs related to attending therapy. If I am an out of network provider with your insurance company, and you would like to seek reimbursement with your insurance company, I will provide you with a monthly statement of fees paid and services provided. Please note that when you choose to allow your insurance company to contribute payment to your treatment you do allow them access to your clinical records.

Court Policy

Please be advised that I do not participate in person, by phone or in writing in any court related matter that you may be a party to or become a party to in any way. I do not write letters regarding your treatment to any court entity. At no time will I offer an opinion or recommendation in any court matter, especially as it relates to custody.

If a court order is served and is requesting that I be present in person and/or there is a request for records, I will request your consent before turning over confidential information. I will discuss with you exactly what has been requested by court and there is no guarantee that the information will be kept confidential. This information includes mental health history, current status and inclusive records and may not be in your best interest. The therapist-client

relationship does not render me as your advocate. I will withhold any opportunity to engage in a dual relationship in this way.

Fees:
Should I be ordered by court to write a letter to the court, the time shall be billed at $100 per hour.

Should I be court ordered to appear in court, the fee stipulation is as follows:
- $850 per day plus $50 per hour for travel to and from the court.
- $100 per hour for preparation

I will not be on-call at any time. Should a case be trailed, I will be paid in full for each day as well as an additional $100 per day as it hinders my ability to be available to other clients.

All court fees must be received by cashier's check 14 days prior to the court date. Should the court calendar the hearing for another date, I must be re-issued a court order with the new court hearing date.

Should I be on vacation, the party initiating the court order must take reasonable steps to avoid imposing undue burden or expense on a person subject to the subpoena.

Consultation Disclosure
There are times when I consult with other licensed mental health professionals about my cases. During these discussions, I make sure to disclose as little information as possible in order to protect your confidentiality. If I feel there is an instance when consultation may require more information and may be helpful for our work together, I will talk with you beforehand about how to proceed.

Collateral Involvement
At times it is helpful to involve important people in your life in our work together. If this is something that we both feel may be helpful, we will discuss how much information you may be comfortable disclosing and in what way. I will never speak with any of your family members about your treatment, or even confirm whether or not you are my client, without first having your written consent. One exception may be if I am concerned about your safety.

Medical Records and Your Right to Review Them
As a mental health professional, I keep records about our work together. This includes notes on sessions, meetings, phone calls and any other communication with or about you. Unless I feel it would be significantly harmful to you, you are able to access your records at any time.

I require 7 days of notice prior to allowing you to view your records. If you would like a copy of your records, I require 7 days of notice and will charge a fee of $10 per page. Oftentimes, clients request copies of records with the intent of securing a treatment summary for an outside entity. If that is the case, I am happy to provide such a summary for a fee of $30 per 15 minutes spent on paperwork, and with your written consent. This is often preferable to giving someone access to your entire treatment record. If this is related to a court matter, please see the Court Policy above.

Governing Body
I am a Licensed Independent Social Worker and am governed by the Iowa Department of Public Health Board of Professional Licensure. You may reach the Board at the contact information below:

Iowa Department of Public Health
Board of Professional Licensure
Website: www.ibplicense.iowa.gov

I agree to the above listed terms and conditions for services. I acknowledge that I have read and understood these terms and that my therapist has reviewed them with me, allowing for questions and discussion.

Client Signature:_____

Date:_____

Guardian (if applicable):_____

Date:_____

Therapist Signature:_____

Date:_____