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319-338-2044

CONTRACT FOR SERVICES and INFORMED CONSENT FOR TREATMENT

This document contains information about my professional services and business policies. When you sign this document, it will represent an agreement between us.

PSYCHOTHERAPY SERVICES

Therapy is a partnership between the client and therapist to find new ways of handling problems of daily living. There are many different methods we may use to deal with the problems that you hope to address. Psychotherapy is unlike the typical visit to your medical doctor. It calls for a very active effort on your part. To obtain the most successful outcome, you will need to work on the things we discuss both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves addressing difficulties in life, you or your child may experience uncomfortable feelings like sadness, frustration, and worry. However, therapy has also been shown to have benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of what you or your child will experience. However, I will work with you as best I can to provide a positive therapy experience.

If the therapy is focused on a child, the role of the parent/caregiver is essential. Your role may vary, depending upon the issues presented, your family's dynamics, the age of the child, and the phase of therapy. We may share information, engage in mutual problem-solving, discuss your child's diagnosis, behavior management strategies, and/or parenting strategies. You may be involved in family sessions with your child, or encouraged to become involved in individual or couples therapy paralleling the work being done with your child. You will be involved in developing goals for your child.

THERAPY SESSIONS

During the initial session, I will typically complete an intake interview with the adult(s) who will be involved in treatment. If therapy is child focused, I will usually provide a separate interactive session with your child to gather information about your child's symptoms and background. In the case of divorced or separated parents, I require a copy of the custody or divorce decree outlining custody and visitation arrangements, as well as any modification orders. This will assist me in understanding the background, and support development of therapy goals and objectives. It provides objective information regarding your child and protects both you and your child.

If you decide to pursue a course of psychotherapy, we will usually schedule a series of sessions on a weekly or bi-weekly basis. Session time and frequency can fluctuate. Please come on time to scheduled sessions so you receive the benefit of a full-length session.

MISSED APPOINTMENTS AND SCHEDULING ISSUES

Once an appointment is scheduled, you may cancel for any reason. Please contact me **24 hours** in advance of the appointment to cancel and reschedule. **If you miss an appointment you will be charged a no-show/late cancellation fee. This fee ranges from \$75.00 up to the full fee for the scheduled session.** If this is a continuing pattern, your care may be discontinued and referrals made for follow up. I will consider each situation on a case by case basis as I do understand situations come up that are beyond your control. Insurance benefits do not cover missed sessions and you will be responsible for the fee as an out of pocket expense. Due to scheduling issues, I may not be able to reschedule for the same week in which you cancelled or missed an appointment.

I will do my best to work with you to find a time that meets your scheduling needs, however cannot guarantee an after school appointment time as those slots fill up quickly. I typically schedule sessions Monday, Tuesday, Wednesday, and Thursday with some variation depending on holiday and vacation schedules.

I am not able to provide reminder calls or emails at this time.

PROFESSIONAL FEES

My professional fees vary according to the length and type of session provided.

Initial intake session: \$220	20-30 minute session: \$83
45-50 minute session: \$138	60 minute session: \$165

I do offer a cash discount if you are paying privately and not submitting to insurance. Other professional services (e.g. telephone/email consultations, attendance at meetings, report/letter writing) can be discussed and a service contract/fees negotiated as appropriate. These services are not billable to insurance.

Legal proceedings need to be discussed prior to my participation. All legal involvement (including but not limited to consultations with attorneys, preparing statements, providing testimony etc.) is billed at the rate of \$125 per quarter hour due to the intensity of the work and the commonality that I often have to consult my own legal professional. Legal fees must be paid in advance to service being completed.

BILLING AND PAYMENTS

Copay is the responsibility of the person attending or bringing the child to the session and due at the time of the session unless otherwise arranged. If a child attends a session without a parent, payment will need to be sent with the child.

DELINQUENT ACCOUNTS

Balances carried for more than 90 days will incur a late payment fee each billing cycle, which will amount to up to 5 percent of the total owed. If a satisfactory payment agreement has not been agreed upon, I have the option to use legal means to secure payment, including hiring a collection agency or going through small claims court. If such legal action is necessary, the cost of taking such action will be included in the claim.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important for you to evaluate what resources you have available to pay for your treatment. If you are using insurance for services, please confirm with your insurance company what and how many mental health services/visits they cover prior to our first appointment. Please keep track of the number of visits you attend if you have a limit to the number they will cover. I will provide you with assistance to help you receive the benefits to which you are entitled including filing claims with your insurance; however you (not your insurance company) are responsible for payment of services. I am contracted with various insurance plans to provide services, and in so doing have agreed to accept the reimbursement they provide, along with any co-payment and deductible amounts that are required to be paid by you. These are legal contracts made between myself and the insurance company, therefore I am legally required to collect co-payment amounts.

Insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information becomes part of the insurance company files. Insurance companies claim to keep such information confidential, however, I have no control over that information once I have submitted it to the company. In some cases, they may share the information with a national medical information databank. You always have the right to pay for therapy services yourself to avoid the problems described above.

CONTACTING ME

I am a solo practitioner and as a result, I am often not immediately available by telephone, text or email. I also do not provide an answering service during non-office hours (evenings, weekends, holidays, and vacations). You may leave a message on my confidential voicemail or email or text me (once we have discussed and you have signed the informed consent form). I do ask that we address any therapeutic issues during session only. If you believe you are in crisis and cannot wait for a return response you may contact the Foundation 2 crisis line at 319-362-2174, contact your psychiatrist or primary care physician, or go to the nearest emergency room.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. If you are an adult, you are legally entitled to receive a copy of your own records, or I can prepare a summary for you instead.

If you are the parent/guardian of a child attending therapy in all but rare cases you are legally entitled to receive a copy of your child's records. However, for therapeutic reasons, it is my policy to request an agreement from parents/caregivers that they agree to allow their child privacy in treatment and to refrain from seeking copies of the child's file. You will be an active participant in your child's therapeutic work and will be meeting frequently with me to discuss ongoing treatment. I ask that you allow your child some privacy, power and ownership over his or her work in therapy, as, in my experience, this engages the child more thoroughly and helps the child to commit to working toward therapeutic goals. If your child demonstrates or states that he or she: is at risk to seriously harm him/herself; engages in high risk activities; or has or intends to harm someone else, I will notify parents/guardians of such concerns. Before giving parents/guardians information, I will discuss the matter with the child, if possible, and do my best to handle any objections s/he

may have with the information I am prepared to discuss. I will encourage your child to talk with you directly about at-risk issues, though I will be prepared to do so should your child refuse.

If you do request a copy of your child's file or a summary of treatment, please be prepared to complete the *Request for and Authorization to Release Medical Records or Health Information* form as treatment records contain protected health information. A fee may be associated with providing these records for personal use to cover the cost of copying and any postage required. Treatment records include documentation in the language of my profession, so it is recommended that I go over any file request with you to help you understand the documentation. Due to HIPAA standards, information in these records provided by individuals other than you or your child may not be included without a release of information from those individuals.

COURT TESTIMONY

Unless pre-arranged with me prior to initiating services, **I will not provide therapy notes or testimony to the court as a part of litigation without a court order.** If I am required to provide testimony or records to the court under court order, I reserve the right to terminate services.

In some proceedings involving child custody a judge may order my testimony if he/she determines that the issues demand it. As your child's therapist, it is my ethical duty to provide your child the best care possible. If I am asked to provide records or testimony about treatment to the court, this can contribute to a "dual-role" relationship between therapist and child. A dual-role relationship means that the therapist is providing services for conflicting roles (i.e., witness and therapeutic agent), and can be potentially damaging to your child and his/her present or future therapy experiences due to possible violations of therapeutic trust. In addition, I have an ethical responsibility to only release records to persons who are qualified and trained to interpret the information and am required by legislation to protect the privacy of mental health records. Most court personnel have not received sufficient mental health training to meet these criteria, and providing records can be potentially damaging for clients.

CONFIDENTIALITY

In general, the privacy of all communications between a client and a provider of mental health services is protected by law, and I can only release information about my work to others with your written permission.

There are a few exceptions to confidentiality, and they include the examples listed below. These situations have rarely occurred in my practice, however, in some of these situations I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. If a similar situation occurs, I will make every effort to fully discuss it with you and/or your child before taking any action.

1. If I learn of suspected or alleged abuse or neglect of a child, elderly person, or disabled person, I must file a report with the appropriate state agency. If a minor witnesses domestic abuse or drug abuse in the home, these are also reportable concerns.
2. If I believe a client is threatening serious bodily harm to another, I am required to take protective action. This may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm him or herself, I may be obligated to seek hospitalization for them or contact family members or others who can provide protection or facilitate admission to the hospital.

3. If a minor reveals that s/he is at risk for self-harm through high-risk behaviors or suicidality, these issues will be discussed with parents within the bounds of Federal legal protection for adolescents in the areas of substance use and sexuality.
4. At times I may consult another professional about a case and make every effort to avoid revealing the identity of my client. The consultant is legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns you may have.

GROUNDINGS FOR TERMINATION

We will discuss plans for discharge on a regular basis and you will be involved in this process. You may decide to discontinue therapy at any time and for any reason, although it is recommended that termination of services be planned to allow for any after care needs and support the transition from therapy. I reserve the right to terminate therapy services if a client or their parent/caregiver behaves inappropriately towards me or anyone in my office, if I am court-ordered to testify (thus causing a dual-role relationship with you or your child), for consistent failure to attend scheduled appointments, or failure to complete payment for services.

WEATHER POLICY

In cases of severe weather, I will leave an outgoing message on voicemail indicating whether the office is closing or will be open for a portion of the day. You will not be responsible for a late cancellation fee or no-show charge if the office is closed, or if you are unable to get to the appointment in case of inclement weather. I will make every effort to contact you, so please make sure that I have up to date contact information for you.

COMPUTERS, E-MAIL, FAXES, TEXT AND CELL PHONES

It is important to be aware that computer, email, fax, text, and cell phone communications have the potential to be accessed by unauthorized people and thus can compromise privacy and confidentiality. Please see my email and text informed consent form for additional risks and to sign an official agreement to use these types of communication. At times network or server issues may limit my ability to connect or respond to emails. I do on occasion use a fax machine off site and will secure your permission prior to sending/receiving your personal information via this fax machine. My computers are equipped with virus protection and passwords. My phone is also password protected. Please notify me if you decide to avoid or limit in any way, the use of emails, text, cell phones or storage of confidential information on computers.

TYPES OF PAYMENT ACCEPTED

I currently accept checks and card payments. I do not accept cash at this time.

Make checks payable to: Susan M. Williams, LISW, LLC

Susan M. Williams, LISW, LLC
4403 1st Ave SE, Suite 502
Cedar Rapids, IA 52402
319-338-2044

INFORMED CONSENT TO TREATMENT

I, _____, the undersigned, hereby attest that I have
(client or guardian/parent of minor client or dependent adult)

voluntarily given my consent for treatment for myself or the minor (or person under my legal guardianship)
identified as

_____ whose date of birth
(print client name)

is _____.

This treatment is to be provided by Susan M. Williams, a licensed independent social worker in the state of Iowa. The rights, risks and benefits associated with the treatment have been explained to me. I understand that there is no assurance that the client will feel better after engaging in therapy. Some material that may come up in therapy sessions could be upsetting, and it may be part of a necessary process for resolving the presenting problems. I agree to abide by the policies and procedures outlined in the Outpatient Contract for Services, above. I understand that the therapy may be discontinued at any time by either party.

I have read the information in Outpatient Contract for Services document and agree to abide by its terms during our professional relationship.

(Client or Parent/legal guardian of minor or
dependent adult)

(Client or Parent/legal guardian of minor or
dependent adult)

(Therapist witness to signature(s) above)

(Date)

The remainder of this document pertains to parents who were never married, or who are separated or divorced. If these conditions do not apply to you, you may skip this portion of the contract.

INFORMATION FOR SEPARATED, DIVORCED, OR NEVER MARRIED PARENTS

A copy of the divorce decree and any modification orders to custody or visitation arrangements is required for your child's file. Entering into a helping relationship for your child is a big step for your child and your family. I want to make this process as easy as possible, regardless of your family circumstances. From my experience, there are often special issues that arise when parents do not reside together. I hope that this information clarifies our policies and procedures.

CONSENT FOR TREATMENT

Parents with joint legal custody have equal rights in consenting to medical treatment, unless otherwise noted in a custody or divorce decree. For many reasons, it is preferable when both parents agree that treatment is appropriate and can agree on the provider for treatment. Engaging a child in the same services at the same time with more than one clinician may put the child in a confusing position. It is likely that I will refrain from engaging in services if your child is already being served elsewhere with similar services.

CUSTODY AND VISITATION ISSUES

As your child's therapist I cannot make any recommendations about custody or visitation issues. If custody and visitation issues are a concern, I may speak with you about a referral to another provider for a formal custody evaluation, a mediator, or a guardian ad litem. I will assume that both parents want to work toward the best interest of their child, which includes maintaining a safe, therapeutic environment with the therapist. With this aim, I will refrain from providing records to attorneys or testifying in court in a custody or visitation dispute.

COURT MANDATED THERAPY

Mandated therapy participation or therapy recommendations specifically naming me as a provider should not be included in the divorce decree or custody modification order without the therapist's previous consent.

BEHAVIOR/CONDUCT

At times, parents who are involved in divorce or custody disputes have difficulty maintaining an appropriate decorum in the waiting room or office. Out of concern for your child, other patients who may be waiting, or other staff, parents are reminded to behave respectfully to one another in my office and building. If parents do not behave in a civil manner, they may be required to attend sessions separately or we may terminate services to spare your child.

I understand and agree to the terms of this document.

(Parent signature and date)

(Parent signature and date)

(Staff witness to signature(s) above)

(Witness date)