



# *Derfus Counseling Services*

2 Hawkeye Dr Suite 105 North Liberty, IA 52317

## Service Description

Outpatient services include individual and family therapy. A therapy session consists of a 45-55 minute appointment with the remaining time allowing for the necessary documentation. Clients are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, and fee structure. You can choose to terminate therapy at any time.

## Clients' Responsibilities

People utilize therapy to help change what are often significant aspects of themselves (attitudes, behaviors, emotions, etc.), their relationships, or other circumstances in life in order to reduce or alleviate problems and to lead a more fulfilling life. As a client, you will be expected to take an active role. As a professional, I can assist in affecting change, but cannot guarantee a specific outcome. You will determine the direction and be ultimately responsible for growth.

## Confidentiality

All information you reveal will be treated strictly confidential according to the HIPAA regulations. This means that the information will not be shared with anyone with the following exceptions: 1) when you have given written consent to share the information with a specific person or agency, 2) when it is deemed that you are at risk of hurting yourself or another person, and 3) Iowa law requires that child abuse or dependent adult abuse be reported to the Department of Human Services.

If you are referred by a physician or other health care professional, it is professional courtesy to maintain contact as necessary with that referral source.

Initials: \_\_\_\_\_

## Referral

It is sometimes necessary to make a referral to another mental health professional to better accommodate your needs. If this is the case, every effort will be made to help you find an appropriate, affordable source of help. It may also be beneficial to make a referral to another source of help, such as a psychiatrist, lawyer, or self-help group. Your written permission would be obtained before any information could be released. In the event you require paperwork to be filled out for another provider, agency, or individual, we ask for 10 business days to get such forms completed.

## Termination

You may terminate therapy at any time. Therapy is generally terminated once you have met your goals. Therapy may also be terminated due to consistently not showing for appointments, nonpayment, or lack of progress.

## Financial Expectations

The fees for a therapy session range from \$175 to \$225 depending on length of session. The fee for an intake assessment is \$250. Payment is required at time of service. It is your responsibility to contact your insurance company to verify coverage. You are responsible for any services not covered by your insurance. If you choose not to have your claim submitted to your insurance, you are responsible for 100% of the fee. Unpaid bills will be sent to collection for payment. Clients who have outstanding bills over \$200 will not be scheduled.

## Cancellation Policy

Your success is dependent on attending scheduled sessions. If you are unable to make an appointment, please cancel 24 hours in advance. If you do not cancel 24 business hours prior to your appointment time, you may be subject to a \$100 no-show fee. This means if your appointment is 11:00 AM Monday, you must cancel by 11:00 AM the previous Friday. If you arrive more than 15 minutes late for your appointment, it will be considered a no-show.

I hereby acknowledge that I have read and understand the description of fees and services. I consent to receiving mental health services from Derfus Counseling Services. I understand that if I have any questions about this description, I can ask Richelle Derfus.

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Signature

Date