THE HEALING SPACE
COUNSELING CENTER, LLC

Outpatient Services Contract

Welcome to The Healing Space Counseling Center, LLC. In order for us to proceed, it is important that we are both aware of the rights and responsibilities of the therapist (me) and the rights and responsibilities of the client (you). Please read this document carefully and ask questions. When you sign this document, it will represent an agreement between us.

Clinical Social Work

Psychotherapy is not easily described. It varies greatly, depending on the clinical social worker and the client. Depending on the subject matter that you bring forth, I may utilize different clinical social work methods to assist you. For the therapeutic process to be the most beneficial, an active effort on your behalf is needed.

There are potential emotional risks and benefits associated with psychotherapy. It may be uncomfortable to process difficult aspects of your life and uncomfortable feelings may arise. However, psychotherapy has been shown to be beneficial. Beneficial results of therapy may include: symptom reduction, healthier relationships and increased insight. It is important that you make the decision to engage after you have considered the potential emotional risks and benefits.

Our first few sessions will be an evaluation of your needs. During this time, the nature and extent of your presenting concern will be explored. In addition, your life history will be sought. Please note that great care will be exercised while exploring your life history. Your life history may or may not provide a context for your presenting concern.

At the conclusion of the evaluation process, a treatment recommendation will be provided. The treatment recommendation may include continued psychotherapy and/or community resource referrals. If another mental health clinician is better qualified to assist you, a referral will be made to him/her. You may choose to seek a second opinion (at your own expense). You may also choose to

reject the treatment recommendation and thus terminate the therapeutic process.

If you choose to engage in psychotherapy, we will co-determine the frequency of your scheduled individual sessions. Each scheduled therapy hour is 45-60 minutes in duration. Throughout the therapeutic process, you are encouraged to ask questions. As you are the expert of your life, each question will be respected and explored. Your decision to engage in psychotherapy will be honored, as would your decision to disengage and terminate services (at any time).

Confidentiality

Confidentiality is an important legal protection, which refers to the privacy of information disclosed within individual psychotherapy sessions and the written records thereof.
Please note the exceptions to your legal protection of confidentiality:

1. If I suspect that you are a danger to yourself or a danger to others, then I have a duty to warn (which means to take protective action)
2. If I suspect abuse of children, the elderly and/or disabled persons, I am obligated by law to report the suspected abuse.
3. Legal proceedings in which disclosure is required.
4. Written release of information (permission to disclose information).

In addition, the Federal Health Insurance and Portability and Accountability Act (HIPAA) protects the electronic transmission of information about you. Special safeguards will be utilized if/when information about you is electronically transmitted (facsimile and email). Please note however, that in order to receive payment from a third party payor for services we provide to you, it is necessary to disclose a minimum amount of information about you (diagnosis and treatment plan). If you choose to communicate with me through cell phone, text, and/or email, please be aware that unauthorized individuals can access this information: therefore the confidentiality of such communication cannot be ensured. Please note your following rights in regards to your personal health information:

1. You have the right to review and received a copy of your PHI.
2. You have the right to request limits on uses and disclosures of your PHI.
3. You have the right to request alternative ways to communicate.

4. You have the right to receive a list of disclosures made by the Healing Space.
5. You have the right to request an amendment to your PHI.
6. You have the right to a copy of this notice.
7. You have the right to file a complaint about my privacy practices to the IA Board of Social Work.

Professional Fees & Payment

My hourly fee is $150.00; your insurance may cover all or a portion of this cost. You are responsible for your portion of payment at the time of service provided.

Cancellations

If it is necessary to cancel and/or reschedule your individual psychotherapy session, please provide 24 hours notice (the same courtesy will be provided to you). If a scheduled session is missed (without notice of cancellation), payment will be expected. If however, a scheduled session is missed due to circumstances beyond your control, then every effort will be made to reschedule an individual psychotherapy session for you. If you miss more than two appointments without calling to cancel, services will be terminated and you will be referred elsewhere.

Emergencies

The telephone number to The Healing Space Counseling Center, LLC is 1.515.423.4332. If you need immediate attention (unable to wait for a return call) please call 2-1-1 (United Way free and confidential Information and referral number) or call 9111 or go to the nearest hospital emergency room.

Your signature indicates that you have read the Outpatient Services Contract of The Healing Space Counseling Center, LLC and that you choose to engage in individual psychotherapy with informed consent.

Client: _____ Date: _____

Parent/guardian: _____ Date: _____

Witness:_____ Date: _____