



Interplay Counseling Services
1150 Fifth Street, Suite 261
Coralville, Iowa 52241

POLICY AND INFORMATION FOR SERVICES FOR MINORS

This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them. When you sign **The Informed Consent to Treatment of Minor Clients**, it will represent an agreement between us based on the information contained here, as well as on discussion at our initial session. Counseling and therapy services involve a commitment of time, money, and energy, so you should be careful about the practitioner you select for your child or your family. If you have questions about our procedures, we should discuss them at the time they arise. If your doubts persist, we will be happy to provide some referrals in order to help you to find another mental health professional to serve you.

PSYCHOLOGICAL THERAPY SERVICES

Therapy is a partnership between you, your child, and your 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 for people who go through it. 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, we will work with you as best I can to provide a positive therapy experience.

The role of the parent in therapy is essential. It will be important for you to attend your child's scheduled appointments, unless we have a different agreement. Your role in your child's therapy will vary, depending upon the issues presented, your family's dynamics, the age of the child, and the phase of therapy. You and your therapist may share information, engage in mutual problem-solving, discuss your child's diagnosis, discuss behavior management strategies, and/or discuss parenting strategies. Your work may be more therapeutic in nature in that you may be involved in joint or family sessions with your child, or be 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 sessions, we will complete intake interviews with the parent/s or caregiver/s, and usually an additional interactive session with your child to gather information about your child's symptoms and background. In the case of divorced or separated parents, a copy of the custody or divorce decree outlining

custody and visitation arrangements is required to be kept on file, along with any modification orders made since the time of the original agreement. This is necessary for understanding background, and to assess and develop therapy goals. It also provides objective information regarding your child, rather than your subjective account of the proceedings, and protects both parents and your child. If you decide to pursue a course of psychotherapy, we will usually schedule a series of 45-55 minute sessions (one appointment =45-55 minutes duration) for your child, usually on a weekly or bi-weekly basis. Some sessions may be longer or more frequent. It will be important for you to come on time 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. Since we can accept only a limited number of clients, our time is precious. A late cancellation or missed appointment is a loss to the practice and to those waiting for appointments. If you need to cancel an appointment we ask that you contact your therapist **at least 24 hours** in advance of the appointment to cancel and reschedule. **If you miss an appointment or cancel with less than 24 hours' notice, you will be charged a no-show/late cancellation fee. This fee ranges starts at \$75.00 and can be the full fee that would have been billed for the scheduled session. Saturdays, Sundays and holidays will not be considered to be included within the 24 hour notice period.** It actually takes more than the 24 hour period to fill your empty slot—often several days—so as much notice as you can give would be preferred. However the charge will be for less than 24 hours notice.

If cancelling or not showing to scheduled appointments becomes a continuing pattern, your care may be discontinued and referrals made for follow up. We do understand circumstances may arise that may be beyond your control, and those will be considered on a case by case basis. Please understand that your insurance benefits do not apply for missed or late-cancelled sessions and you will be responsible for this fee as an out of pocket expense.

It is important for you to understand that our practice is busy. As a result, you may not always have the ability to reschedule easily for the same week in which you cancelled or missed an appointment. You may not always be able to secure times for your child for after-school appointments. However, we will do our best to work with you on scheduling concerns.

We are not able to provide reminder calls, texts or emails consistently at this time, though this is in development. Please don't wait for a reminder from us, as you are likely to miss your appointment. A printout of your appointments will be given to you when they are scheduled. Please check against this list for accuracy when you put the appointments into your calendar.

PROFESSIONAL FEES

Professional fees vary according to the service provided. Initial diagnostic intake sessions are billed at \$185.00, interactive diagnostic intake at \$205.00, 55-minute individual sessions at \$175.00, individual interactive sessions at \$195.00, family sessions at \$175.00. You will be charged directly for other professional services you may need (e.g telephone or email consultations, attendance at meetings with other professionals you have authorized, report/letter writing); any services which are outside the scope of what is billable to your insurance company. These non-psychotherapy services are billed at the rate of \$200.00 per hour with a half hour minimum, and will include travel time and waiting time. Any legal proceedings with your child/family will need to be discussed prior to therapist participation, and costs will vary, depending upon what is being asked of the therapist. In general we strongly discourage engagement of our services for legal reasons as we do not have specialty training in forensic psychology. Your therapist will engage in a therapeutic, not an investigative, role with you and your child.

BILLING AND PAYMENTS

The parent who brings the child is responsible for payment or co-payment of each session at the time it is held, unless we agree otherwise, or unless you have insurance coverage that requires another arrangement. If the child attends a session without a parent, payment will need to be sent with the child. In the case of separated or divorced parents where one parent is court-ordered to pay for services, a copy of the legal document in which this is ordered, in its entirety, is required prior to incurring charges. Payment for services that are not covered by insurance will be billed to and must be paid by the requesting parent. Currently we can accept cash, or local check. We can also accept credit card payments through a Paypal system that charges us a surcharge of 3%. We will pass on this surcharge to you on top of the fees owed if you choose to use this system.

DELINQUENT ACCOUNTS

Balances carried for more than 90 days will incur a late payment fee each billing cycle. If a satisfactory payment agreement has not been agreed upon, we 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 have a health insurance policy, it will usually provide some coverage for mental health treatment. We will provide you with assistance to help you receive the benefits to which you are entitled; however you (not your insurance company) are responsible for payment of our fees. It is very important that you find out exactly what mental health services your insurance policy covers prior to your first appointment. We are 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. Because these are legal contracts made between the provider and the insurance company, we are legally required to collect co-payment amounts.

You should carefully read the section in your insurance coverage literature that describes mental health services. Please call your plan administrator prior to your first appointment to verify your benefits and receive your authorization (if needed) for mental health services. If your policy limits the number of mental health visits within a given year, you are responsible for keeping track of these visits, as often other providers (i.e. psychiatry visits) are included in this number of sessions allowed. We will provide you with whatever information we can, based on experience, and will be happy to assist you in understanding the information you receive from your insurance company.

Insurance companies will reimburse based upon a medically necessary reason, which means that we must provide them with a clinical diagnosis. Sometimes we have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored digitally. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. It is important to remember that you always have the right to pay for services yourself to avoid the problems described above.

CONTACTING US

Due to the limits of the practice, your therapist is not immediately available by telephone. When we are unavailable, our telephones are answered by voice mail that we monitor frequently. We will make every effort to return your call during the same week you make it, usually within 24-48 hours, with the exception of

weekends, holidays or vacations. If you leave a voice mail on Friday, it is likely we will not be available to reach you until the following work week. If you are difficult to reach, please inform us of some times when you will be available. If you are unable to reach us and feel that you can't wait for us to return your call, or if you are in a psychiatric crisis, or in case of emergency, contact your family physician or the nearest emergency room for assistance. Please understand that we do not offer phone or email therapy between sessions. It is important that your therapeutic work is done in your therapy sessions, in person. If you feel you your child need to attend sessions more often, please let us know so we can discuss that option.

If you are unable to reach us and feel that you can't wait for your therapist to return your call, or in case of emergency or psychiatric crisis, contact your family physician or the nearest emergency room.

PROFESSIONAL RECORDS

The laws and standards of my profession require that we keep treatment records. Your therapist holds sole responsibility for the maintenance of confidential information for clients including maintenance of client files. For therapeutic reasons, it is our policy to request an agreement from parents that they agree to allow their child privacy in treatment and to refrain from seeking copies of the child's file. Because you will be an active participant in your child's therapeutic work, you will be meeting frequently with your therapist to discuss progress at home, treatment planning, responses to interventions, and new concerns and issues. We ask that you allow your child some privacy, power and ownership over his or her work in therapy, as, in our 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, engage in high risk activities, or harm someone else, parents will be notified of such concerns. Before giving parents information, the matter will be discussed in an age-appropriate way with the child, if possible, with the goal of managing any objections s/he may have with the information we will discuss with parents. We will encourage your child to talk with you directly about at-risk issues, though we will be prepared to do so should your child refuse.

COURT TESTIMONY

In some proceedings involving child custody a party to the proceeding may request our testimony if he/she determines that the issues demand it. It is our ethical duty as your child's therapist to provide your child the best care possible. If we are 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, we have an ethical responsibility to only release records to persons who are qualified and trained to interpret the information. Most court personnel have not received sufficient mental health training to meet these criteria, and providing records can be potentially damaging for clients. Finally, legislation and ethical standards mandate that the therapist protect privacy of mental health records. Because the therapist cannot control the number of people who have access to the mental health records in the court setting, concerns for the client's privacy may exist.

For these reasons, unless pre-arranged prior to initiating services, **we will not provide therapy notes or testimony to the court as a part of litigation without a court order.** If we are required to provide testimony or records to the court under court order, we reserve the right to terminate services.

CONFIDENTIALITY

In general, the privacy of all communications between a client and a provider of mental health services is protected by law, and we can only release information about this work to others with your written permission. Typically, we will ask you to sign a release of information form to share information with your child's physician for care coordination. Often other family members are involved with your child's daily life. These may include stepparents, partners, or grandparents. When other adults will be bringing your child for treatment or are involved in supporting treatment, parents will be asked to sign a release of information giving permission for the therapist to talk with those individuals about your child.

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

1. If we learn of suspected or alleged abuse or neglect of a child, or dependent adult (elderly person, or disabled person who has guardianship over them by another adult or agency), we must file a report with the appropriate state agency. If a minor witnesses domestic abuse or drug abuse or illegal activity while in the care of the responsible caregiver, these are also reportable concerns.
2. If we believe that a client is threatening serious bodily harm to another, we are required to take protective action. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm him or herself, we may be obligated to seek hospitalization for him or her or to 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. We may occasionally find it helpful to consult another professional about a case. During a consultation, we make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential.

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

Services are provided at the discretion of the therapist. We reserve the right to terminate therapy services if either parent or the client behaves inappropriately towards the therapist or anyone in our employ, if we are court-ordered to testify (thus causing a dual-role relationship with your child), if there is consistent failure to attend scheduled appointments, or if there is a failure to complete payment for services.

WEATHER POLICY

In cases of severe weather, we will leave an outgoing message on voicemail indicating whether the office is closing or will be open for a portion of the day. In general, we follow the severe weather cancellation policy of the Iowa City Community School District. However, this is not always the case so be sure to check voicemail if severe weather threatens. If we close the office, your therapist will make every effort to contact you directly,

so please make sure that you have provided up to date contact information. We will attempt to reschedule to other available slots within the same week in this case, if at all possible.

E-MAIL CONTACT

At times, we may use email to communicate with you regarding appointment information, session information, or to briefly answer a question. With your written consent, we may also use email to correspond with your child's physician or other health care provider. You have the right to decline this option at any time. There are potential risks to privacy for using this means of communication—for example, if other people use your computer or email account. We maintain secure email accounts for these circumstances, and follow HIPAA guidelines for security of electronic medical records. We use email as a convenience, and refrain from lengthy email response, therefore abstaining from therapy-by-email. Please do not use this convenience as a substitute for in-person parent consult during the session time for your child. Due to computer or network problems, emails may not be deliverable, and we may not be able to check emails often, given varying circumstances, so please do not use email for emergencies.

TYPES OF PAYMENT ACCEPTED

At this time we accept checks and cash in the amount due. No change is kept on the premises. A PayPal option is available at the office, which will incur a small service fee.