



Office Policies

The laws of the State of Idaho require that licensed counselors provide clients at the beginning of treatment with accurate disclosure information concerning their practice, including the right of clients to refuse treatment, the responsibility of clients for choosing the provider and treatment modality, and the extent of confidentiality (Chapter 34, Title 54-3410A, Idaho Code). Licensure of an individual under this chapter does not imply endorsement by the counselor licensing board nor effectiveness of treatment. The Idaho Counselor Licensing Board, through the Idaho Bureau of Occupational Licenses, 700 West State Street, Boise, ID 83702 • (208) 334-3233, is responsible for licensure of counselors and marriage & family therapists within the State of Idaho.

MY COMMITMENT TO YOU

I am committed to providing quality treatment and helping you realize your personal goals. While it is impossible to guarantee any specific outcome, together we will work to achieve the best possible results. I will give you my full attention and energy when we are working together and be prepared for your visit. Counseling services will be rendered in a professional manner consistent with the accepted ethical standards of the American Counseling Association and the American Association for Marriage and Family Therapy. If at any time you have questions or concerns, please let me know.

OUR PROFESSIONAL RELATIONSHIP

Professional counseling, although personal in nature, is a professional relationship rather than a social one. Your contact with me will be limited to those counseling sessions you arrange with me. As a licensed professional counselor and a licensed marriage and family therapist, I will not barter for services or accept gifts or invitations. Please do not invite me to social gatherings, offer gifts, or ask me to relate to you in any way other than in the professional context of our counseling sessions. You will be best served when our relationship remains strictly professional and when counseling sessions concentrate exclusively on your concerns.

WHAT I EXPECT FROM YOU

Counseling is a two-way effort entailing mutual respect, responsibility, and consideration. It is your responsibility to help me understand your life situation, thoughts, and feelings. I also expect you to complete assignments between sessions. Counseling will be most successful if you are willing to take risks and make changes, thereby mastering your problem areas.

APPOINTMENT TIMES

Counseling sessions run 50 minutes with the remaining 10 minutes used for summarizing case notes. Counseling sessions running over 50 minutes are billed at the normal service rate. Please arrive on time. I will respect your time by doing everything possible to keep the appointed schedule and will expect you to also do so. You will be charged for the time you have reserved. If an emergency should arise and I cannot keep your appointment, which is an extremely rare occasion, I will make every effort to call you to reschedule as soon as I know of the problem. I consider your time as important as mine.

CANCELLATIONS AND MISSED APPOINTMENTS

Please make every effort to keep your scheduled appointment. If you cannot keep your appointment, please let me know. This practice respects my time and allows me to use that hour for seeing other clients who are in need. **Unless I hear from you at least 24 hours in advance, I will, unfortunately, have to charge you the full fee for a missed or uncancelled appointment. Please note that Monday appointments must be cancelled by the previous Thursday.** Cancellations can be made at any time by calling the office phone number and leaving a message in Voice Mail. (208-385-0888)

TELEPHONE CALLS

There is no charge for “check-in” telephone calls lasting 5 minutes or less. Consultation calls longer than 5 minutes are billed at the normal service rate. I receive very few “urgent calls” and do not expect excessive phone calls to be a problem. Please remember that Jefferson Street Counseling & Consulting is not a crisis response center. This facility is not designed to respond to emergency situations. If you have an emergency please contact your personal physician, dial 911, or go to the nearest hospital emergency room.

DIVORCE OR CUSTODY LITIGATION

To be in counseling with me you must agree that neither you nor your attorney, nor anyone else acting on your behalf, will call on any counselor at this practice to testify in court or at any other proceedings, nor will a disclosure of counseling or treatment records be requested for legal proceedings. If you are involved in a divorce or custody litigation, you need to understand that my role as a therapist is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in the litigation. By signing this disclosure statement, you agree not to call me as a witness in any such litigation. Experience has shown that testimony by therapists in domestic cases causes damage to the clinical relationship between a therapist and client. **Only court-appointed experts, investigators, or evaluators can make recommendations to the court on disputed issues concerning custody and parenting plans.**

FINANCIAL POLICY

Please read and sign the financial policy. Payment in full is expected at the time of each visit. Please ask me if you have any questions.

CONFIDENTIALITY

The laws of the State of Idaho require that confidentiality of communication between licensed counselor and client shall be privileged from disclosure (Chapter 34, Title 54-3410, Idaho Code). Our work together is confidential and I must have your permission to reveal information about you to anyone else, except in the following situations as provided under Idaho Rule of Evidence 517(d):

- i. Civil action. In a civil action, case or proceeding by one of the parties to the confidential communication against the other.
- ii. Proceedings for guardianship, conservatorship or hospitalization. As to a communication relevant to an issue in proceedings for the appointment of a guardian or conservator for a client for mental illness or to hospitalize the client for mental illness.
- iii. Child related communications. In a criminal or civil action or proceeding as to a communication relevant to an issue concerning the physical, mental or emotional condition, of or injury to a child, or concerning the welfare of a child including, but not limited to the abuse, abandonment or neglect of a child.
- iv. Licensing board proceedings. In an action, case or proceeding under Idaho Code 54-3404.
- v. Contemplation of crime or harmful act. If the communication reveals the contemplation of a crime or harmful act.

Please also be aware of the following situations which may limit our confidential relationship:

- I attend professional case consultations with my colleagues where your case may be discussed. Both you and I benefit from the input of other mental health professionals. These professional consultations are also confidential.
- If you want me to work with your insurance company for billings, I may have to reveal information about you and your records.
- If it becomes necessary to contact a lawyer or a collection agency, then your name and other identifying information as well as amount owed becomes available to those agents.

CLIENT RECORDS

We are dedicated to maintaining the privacy of your individually identifiable health information (IIHI). You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to *Office Manager, 1517 West Jefferson Street, Boise, Idaho 83702* in order to inspect and /or obtain a copy of your IIHI. We may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Under certain circumstances we may deny your request to inspect and/or copy. In such cases you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

QUESTIONS AND FEEDBACK

Please do not hesitate to ask questions. I welcome your comments and suggestions for improvement. You have the right to refuse treatment at any time during our counseling relationship. You may, at any time, seek a second opinion. You also have the responsibility for choosing me or another treatment provider as well as the treatment modality used in our counseling sessions. I encourage you to be assertive and take responsibility for getting your needs met. I take great pride in my work and strive for excellence.



Financial and Insurance Policy

Thank you for choosing me as your Mental Health Care Provider. I am committed to giving you excellent mental health care. The following is a statement of my financial policy which I require that you read and sign prior to any treatment. If you have any questions about my financial policy, please do not hesitate to ask me.

PROFESSIONAL FEES

\$ 160.00	per 50 minute session for intake interview.
\$ 135.00	per 50 minute session for individuals.
\$ 270.00	per 50 minute session for couples and families <u>with</u> a co-counselor.
\$ 30.00	for copying and mailing of patient records to another professional.
\$ 135.00	per hour for written reports and prepared documents.
\$500.00	per hour for preparation and attendance at legal court proceedings, including if I am called by another party.

PAYMENT

Full payment is due at the time of service by cash, check, Visa, or Master Card. Please leave payment with the receptionist as you arrive. A \$25.00 service charge will be assessed on any returned checks.

INSURANCE

If you have medical insurance which provides coverage for mental health counseling, I want to help you receive your maximum allowable benefits. Please confirm with your company their policy related to counseling services provided by a “licensed clinical professional counselor” (LCPC) or a “licensed marriage and family therapist” (LMFT). Remember that insurance is a method of reimbursing the client for fees paid to the counselor, and is not a substitute for payment. I do not accept insurance as a form of payment. At your request, this office will provide a statement for you to submit to insurance. Your insurance will reimburse you directly. **Please remember that I may be required by your insurance company to divulge confidential information about you and your case.**

FEE CHANGE

While I have rarely raised professional fees during the course of counseling, there may be an occasion where this will be necessary. Should this occur, I would contact you in writing with at least 90 days notice and let you know by what percentage the fee would increase. In any event, I will not raise fees more than once per year so you can be assured that if there is a fee increase, my rates won't change again for at least one year.

SPECIAL REPORTS AND LETTERS

Occasionally it is necessary for me to write special letters or reports on a client's behalf. I am glad to comply with such requests. There is a fee charged based upon the type and purpose as well as the length of time required for the service.