
AGREEMENT FOR SERVICES

Alexandria Carey, LISW

Introduction: Alexandria Carey is the owner of Cedar Rapids Counseling & Psychotherapy (CRCP). She is a Licensed Independent Social Worker and her office is located at 4403 First Ave. SE, Suite 309, Cedar Rapids, IA, 52402-3221.

Therapy Fees, Billing and Payment

<u>Fees:</u>	Intake session(s)	\$170.00
	55 – 60 minute session	\$156.00
	45 – 50 minute session	\$125.00

Health Insurance: If you would like to use your health insurance for therapy, I will gladly submit claims to your health insurance company (HIC) for payment. Before we meet, *it would be wise for you to ask your HIC about the following:* (1) if psychotherapy is a covered benefit, (2) if I am an approved provider, (3) the amount of your co-payment, (4) if your psychotherapy is subject to a deductible, and (5) if you require pre-authorization for therapy. You will be asked to pay your co-payment at each session. If your HIC does not cover your therapy as you'd expected, you will be responsible for the entire amount.

Private Pay: Please notify me if you do not have health insurance coverage and/or would prefer to pay out of pocket. You will be asked to provide payment at each session.

Professional Services: If you request any additional professional services, for example, writing a treatment summary letter, completing forms or sending copies of your record to a third party, you may be charged a fee based upon the amount of time and materials required to satisfy your request.

Diagnosis and Request for Records

Diagnosis Code: Please know if you use your HIC to provide reimbursement for your mental health treatment, they require you to have a diagnosable medical condition (i.e., depression, anxiety, difficulty adjusting to a life event), and I am required to provide that diagnosis code to your HIC when filing your insurance claim. Please feel free to discuss this requirement or your diagnosis with me at any time.

Request for Records: Sometimes an HIC will send a written request asking for a copy of your medical record. In that situation, I will notify you immediately so you can decide whether or not you would like your information released. If so, you will be asked to complete a separate release of information form. If you do not want your information released, I will not do so; however, it is likely your insurance company will not provide reimbursement. Though HICs claim to keep such information confidential, I have no control over and am not responsible for what they do with your mental health information once it is in their possession.

Emergencies

My office hours are always stated on my voice mail message. I do not have an answering service to attend to mental health emergencies outside of my normal business hours. If you are having an emergency when I am out of the office, please listen to the options I have provided you on my individual voice mail message, i.e., call your family doctor, call Foundation Two Crisis Center at 319-362-2174 and request phone counseling, or go to the hospital emergency room.

Services Not Provided

Legal: If you are involved in any type of legal proceedings, please note that I do not provide any professional assessments, consultations, or opinions in a court of law. If you are or become involved in legal proceedings that would require the participation of a mental health provider, please notify me so that I can make a referral to another mental health care practice.

Worker's Compensation: I do not provide therapy services if you are filing under your worker's compensation insurance. Please contact your family doctor for an appropriate referral.

PRIVACY PROTECTION

Limits of Confidentiality

It is important that the guidelines regarding your privacy, also known as confidentiality, be well understood before therapy begins. I will review this material with you at our first session but please read this material carefully so that any concerns or questions you have are adequately addressed.

1. Sometimes it is helpful to me and beneficial to you that I am able to consult with other psychotherapists about our work. I participate in two monthly consultation forums (one is with trusted colleagues in the Cedar Rapids area, the other is with an expert in NY via phone). During these consultations, I am diligent about protecting your privacy and never reveal any identifying information about you. The psychotherapists with whom I consult are legally bound to keep all clinical discussions confidential. All psychotherapists are required to receive regular training about the rules, regulations, and ethics of confidentiality. If you prefer that I not engage in any consultation about our work, please let me know and I will respect your wishes.
2. The law protects privacy of all communications between patient and therapist. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by Federal and Iowa law; however, there are some situations in which I am legally obligated to break confidentiality. These are situations in which I believe it is necessary to protect your safety, the safety of others or there are legal considerations. These are typically very unusual circumstances but it is important for you to be fully informed. They are as follows:
 - If you communicate an imminent threat of serious physical harm to yourself, including suicide, I may be required to disclose confidential information in order to take protective actions. These actions may include initiating hospitalization, contacting a family physician or psychiatrist, contacting the police for a welfare check, or contacting family members or others who can assist in providing protection.
 - If you were to communicate an imminent threat of serious harm to an identifiable victim, I may be legally required to disclose information in order to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for yourself.
 - If I have reasonable cause to believe that you have harmed a child or a dependent adult, I may be required to file a report with the appropriate government agency, most likely the Department of Human Services. Once such a report is filed, I may be required to provide additional information.
 - If you are involved in any type of lawsuit or are experiencing any legal trouble, your records may be subject to a court/administrative order or a subpoena. I may have to comply with any requests made by a court of law.

If such a situation arises, I will make every effort to discuss it with you before taking any action, and I will limit disclosure to only what is necessary. The laws governing confidentiality can be quite complex, and in situations where specific advice is required, a formal legal consultation may be necessary. Protecting your privacy is very important to me, so please feel free to ask me questions at any time.

INFORMED CONSENT AND AUTHORIZATION FOR THERAPY

Therapy is a series of conversations between the two of us designed to help you make changes in your life. A positive outcome becomes our mutual responsibility. This begins with your trust and commitment to therapy and my commitment to facilitating your progress. What we work on and how we work in therapy will be driven by your needs and goals, as well as by my professional recommendations.

Potential Benefits and Risks of Therapy: Many variables will contribute to your success in therapy; however, the benefits you experience in therapy are *most related* to how much you are willing to work towards your goals between our sessions. Potential benefits might be improved relationships, less negative thinking, creative problem-solving, reduced depression and anxiety, and/or better adjustment to life changes. The risks associated with therapy are minimal but are usually an important part of growth. Potential risks might be unexpected changes in your relationships, feeling uncomfortable emotions, a temporary increase in symptoms, talking about unpleasant experiences.

Ending Therapy: Ideally, therapy ends when you have made enough progress toward your goals and are feeling satisfied; however, either of us might decide to end therapy for a variety of reasons. I respect your right to seek therapy elsewhere if you do not feel your needs are being met or if we do not seem to be a good “match” in personality or style. In addition, I may realize that I do not have the skill set needed to address your specific concerns. If your life is at risk, or if the life of someone else is at risk, and you choose not to accept and implement recommendations to ensure your safety or the safety of another, I may end your therapy. Missing or cancelling multiple appointments or not paying for services can also be a reason to end therapy. In all of the above examples, I will provide you with referrals to other therapists and/or practices that may be better equipped to meet your needs. If you have any questions about this, please let me know.

Your Signature

_____ I have read this copy of Alexandria Carey’s “Agreement for Services.” I know that I can download a copy of
(your this form from CRCP website (www.crcounseling.net) or request a paper copy from Alexandria.
initial)

_____ I have been offered a copy of Alexandria Carey’s “Notice of Privacy Practices.” I know that I can download a
(your copy from the CRCP website or request a paper copy from Alexandria.
initial)

Your signature below indicates that you have read the information in this document and agree to abide by its terms during the duration of your professional relationship with Alexandria Carey.

Patient Signature

Date

Alexandria Carey, LISW
Licensed Independent Social Worker

Date

