



Corridor Christian Counseling Center, LLC
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OFFICE POLICY STATEMENT

PSYCHOLOGICAL SERVICES:

Psychotherapy involves the use of skilled interventions to resolve emotional, mental and behavioral problems in individual, family or group sessions. Psychotherapy has both benefits and risks. Benefits include reduced stress, better relationships and resolution of specific problems. However, therapy might also lead you to experience stressful emotions or changes in your values or relationships. We will explain the purpose for therapeutic interventions and any potential stress we can foresee. You have a right to ask for a different therapist or referral to a different agency if you are dissatisfied at any time. If you desire to change to a different therapist, you must first pay any outstanding bills. Please inform your therapist of any concerns you have about your therapy.

CONFIDENTIALITY:

The laws of the State of Iowa require that most issues discussed during the course of therapy with a psychologist, social worker, or counselor be held in confidence. Children have some of the same rights. However, parents of minor children also have a right to know the general content of therapy sessions with their children. The client (or parent of a minor child) may waive this privilege of confidentiality by signing an Authorization to Release Protected Health Information form. Releases are frequently signed in order for a therapist to communicate with a physician, spouse, parents, attorney or a previous counselor. If you learn at any time during the therapy process that information may be requested by a third party, please let your therapist know as soon as possible.

Authorization to Release Protected Health Information is not required in these circumstances:

1. We occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, we make every effort to avoid revealing the identity of our clients. The other professionals are also legally bound to keep the information confidential. If you don't object, we will not tell you about these consultations unless we feel that it is important to our work together. We will note all consultations in your Clinical Record.
2. You should be aware that we practice with other mental health professionals and that we employ administrative staff. In most cases, we need to share protected health information with these individuals for both clinical and administrative purposes, such as scheduling, billing, quality assurance and typing of some therapy notes. All of the mental health professionals are bound by the same rules of confidentiality. Staff members have been trained to protect your privacy and have agreed not to release any information outside of the practice.
3. We may send a "thank you for the referral" note to any referring professional. We are legally obligated to release your Protected Health Information in several circumstances noted on the Notice of Privacy Practices Form.

APPOINTMENTS:

It is a good idea to schedule appointments well in advance to be able to get the time and dates that will work best for your schedule. It is very important that you keep your appointment with your counselor in order for counseling to be most effective. An appointment is like a contract between your counselor and yourself. Once you make an appointment, please give it very high priority. We understand that unforeseen crises or illnesses arise. However, if at all possible, call us at least 24 hours prior to the appointment if you must cancel or change the time. You may leave a message when calling after business hours.

Unless restricted from doing so by a third-party payer, we may bill you for missed appointments. The charge will either be \$50.00 or \$100.00. Your counselor will try to call you if you forget to come. The goal is to make sure you are alright and determine if you want to reschedule. If there are extenuating circumstances or if you reschedule within the next few business days, you may not be billed for the session. Repeatedly missing appointments will result in a charge and may result in no longer being able to see your counselor. If you are charged for a missed appointment, we ask that you pay for that session before seeing your counselor for another session.

(revised 2/2/2018)

SOCIAL MEDIA POLICY

CCCC has adopted a Social Media Policy which describes the limitations of client's use of social media to contact us. Of importance and because our therapists and support staff cannot assure you that we will read messages promptly, **you must not use email or social media sites to contact the office in the case of an emergency.** Further, the practice does not accept friend requests, messages or posts to our Facebook page. We request that clients refrain from sending friend requests to a therapist's personal social network site as this could compromise confidentiality as well as blur the boundary of the therapeutic relationship. Please do not use messaging on social networking sites to contact us as these sites are not secure and we do not monitor them. Also, please use caution when sending emails as these may not be secure and would jeopardize your confidentiality. **Instead you may contact your individual therapist between sessions by phone.** A copy of the full Social Media Policy is available upon request and is posted on our website.

CHARGES, FEES AND INSURANCE:

- If you have health insurance, part of your therapy expenses may be covered. We will bill your Primary Insurance only. You are responsible for collection of your secondary or third insurance. **Remember, you are responsible for all charges and no guarantee of insurance coverage is implied by the fact that we submit your insurance claims.** This office does not accept responsibility for collecting your insurance claims or for negotiating a settlement on a disputed claim.
- **Co-payment is to be paid at the time of service.** We do our best to receive the correct information from your insurance company. We may have to adjust the amount of your co-payment after your insurance actually pays.
- The person who seeks therapy, either for him/herself or for a minor, is responsible for payment. Parents are responsible for account payments for their minor child.
- Accounts unpaid after 90 days may be released for collection. After all reasonable efforts to collect payment for services have been unsuccessful, a client may be terminated from therapy. Clients will be billed for additional costs involved and a service charge of \$10 will be added to their account if their account is released for collection. If the account has to be submitted to small claims court, a \$300 charge will be added to the total balance.
- If no session has been scheduled for 60 days, we understand our therapeutic relationship to have ended, unless otherwise agreed upon. If you want to continue counseling after that time, we will be happy to re-open your file when all outstanding bills have been paid.

Service Fees:

(For current clients, please note there have been some changes in the way we will be billing for office visits.)

- Intake Interview- **\$184.00**
- Psychotherapy (60 minutes) - **\$150.00**
- Psychotherapy (45 minutes) - **\$120.00**
- Psychotherapy (30 minutes) - **\$90.00**
- Family/Couple (40-50 minute session)- **\$135.00**
- Consultation Fees-These fees are **not** billable to your insurance carrier.
 - Telephone calls, emails, summary or referral letters pertaining to treatment, school and hospital visits, and outside consultation--**\$30 per 15 minutes**
 - Court testimony (including depositions) --**\$200 per hour**
 - Court related work, including travel and preparation -- **\$115 per hour**
 - A **\$300 charge** will be added to your balance if the account has to be submitted to small claims court.

Returned check charge--**\$30 per incident**

I have read this Office Policy Statement, have been given the opportunity to read and receive a copy of the Notice of Privacy Practices and Social Media Policy, and agree to abide by its terms.

(Client, Parent or Legal Guardian)

(Date)

(revised 2/2/2018)