

RelationQuest Counseling

Kevin Kloosterman, MS, LMFT

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Some Things You Should Know

About Your Therapist

Kevin Kloosterman has been a licensed Marriage and Family Therapist in the state of Illinois since 1999. He received his Masters of Science in Marriage and Family Therapy from Northern Illinois University in DeKalb, Illinois. In addition, he holds a Bachelors of Science in Family Sciences from Brigham Young University in Provo, Utah. Kevin has over 30 years of experience in the field of mental health. He started his private practice in 2004 after many individuals, couples, and families expressed a desire to continue in therapy with him after leaving Woodstock Hospital in Illinois where Kevin worked for over 20 years.

Confidentiality

As a client, one of your most important rights is that of confidentiality. Information obtained in therapy sessions will be held confidential, and will not be disclosed to anyone outside of therapy without your written consent. If you are attending therapy as part of a couple or family, you may at times see Kevin without your partner or other family member present. In this instance, if information is divulged to your therapist which he believes is important for you to share with your partner or other family members, or if you present a situation which is blatantly harmful, unfair, or unethical, Kevin may (1) ask you to divulge this information before therapy continues, (2) ask your permission to divulge the information before therapy continues, or discontinue therapy if options (1) or (2) are not met. There are also a few exceptions to confidentiality as defined by Illinois law of which you should be aware:

1. Should you disclose any knowledge of intent to hurt yourself or someone else, Illinois requires release of this information to local law enforcement officials.
2. Information about the abuse or neglect of children or vulnerable adults is reportable, by law, to the Illinois Department of Children and Family Services.
3. Therapy information may not be considered confidential when subpoenaed by a court of law.

Additional Considerations

To ensure quality in therapy, Kevin reserves the right to consult with therapist colleagues regarding your treatment. This is similar to a physician "getting a second opinion," and can be very helpful in therapeutic treatment. If consultation occurs outside of his practice, identifying information, such as your surname, will not be discussed during these consultations.

Occasionally, with a client's separate written permission, therapy sessions or classes may be videotaped and shared with therapist colleagues for supervision, discussion and feedback in order to ensure best practices for provision of clinical services.

Because part of the goal of therapy is to protect confidentiality, Kevin asks that you not have your attorney subpoena his testimony regarding divorce or child custody, in the event of such hearings.

Your Rights as a Client

As a client you have the right to:

1. Ask questions at any point in time regarding therapeutic or office procedures.
2. Terminate therapy at any time.
3. Specify and negotiate therapeutic goals and be an active participant in therapy.
4. Confidentiality, as designated above.
5. Be apprised of fees and payment policies.
6. Ask about alternative procedures available for meeting your goals.

Office Procedures and Fees

(1) Therapy

Each session hour is 50 minutes in length. (This allows your therapist time to complete your case records, case management, etc.). The fee is \$165 per 50 minute session. Payment is required at the end of each session in the form of all major credit cards, cash, or check (payable to Kevin Kloosterman, LMFT). Telephone consultation calls (including text messages) lasting longer than 3 minutes will be billed at \$4.50 per minute. Excessive or unnecessary calls and texts during the week will be charged a \$75 fee per call or text. There is a base handling fee of \$27.33 for copies of medical records plus \$1.02 for pages 1-25 and \$0.68 for pages 26-50. There is a \$75 dollar fee for returned checks.

If you are unable to attend an appointment, it is your responsibility to cancel your session at least twenty-four hours in advance of the session. Failure to do so will result in you being charged a fee of \$75 for the session. Certain exceptions will be made to this policy in the event of emergencies, provided the therapist is informed prior to the appointment. In the event of a crisis or emergency please call 911 or go directly to an emergency room.

Insurance:

Kevin is currently in-network for BCBS of Illinois PPO and Aetna PPO. If you will be using insurance please let Kevin know in advance. He will need a copy of your insurance card front and back. With BCBS and Aetna, Kevin's office will file your claim on your behalf unless you otherwise direct. If you are using insurance then you are consenting for your medical information to be submitted to the insurance company. You are responsible for any part of the bill that insurance does not pay for including co-pays, deductibles, and percentages. Please be familiar with your particular health insurance policy. Usually deductibles reset at the beginning of the year. After a session with Kevin, it usually takes 3-7 business days to process the claim and send it to your insurance company. They usually respond in 2-3 weeks at which time your credit card on file will be charged for your part of the bill according to your insurance plan. Co-pays are usually taken care of at the time of service.

If you have insurance but Kevin is not in-network you can request an insurance receipt from Kevin's office (called a superbill) that you can file with your insurance company for reimbursement. Most health insurance plans have out-of-network benefits. Please familiarize yourself with what your benefits are and how much reimbursement you can expect with your particular plan.

Disability:

Consent must be given by the client to share any medical information with a third party including for disability. Case Management fees apply for completing forms and contacting third party insurance providers for disability including social security. The fee is \$75.00 for the first 30 minutes and \$90.00 for every 30 minutes thereafter. Clients should be advised that often therapists notes that are sent to insurance companies and social security for disability are often highly scrutinized and due to the nature of documenting strengths, positives, and successes of a client, the notes are often used to deny disability. Please discuss with your therapist if you are planning to file for disability.

Informed Consent

By signing below, I agree that I have read and understand the above information, and agree to the terms of therapy stated above.

I understand I have the right to terminate therapy at any time. I understand that it is usually best for therapists and clients to make joint decisions about termination of treatment.

My signature indicates that I am giving my consent for Kevin Kloosterman MS, LMFT to treat me (us) in therapy. My signature also indicates that Kevin has permission to treat any of my (our) minor children whom I bring to therapy.

Client Signature

Date

Therapist Signature

Date