

Breaking Barriers Therapy Center, LLC.

Flora Williams M.A., LMFT-t  
3330 Southgate Court SW Suite 250B  
Cedar Rapids, IA 52404  
p. 319-450-5302  
f. 319-409-6666  
www.breakingbarrierstherapycenter.com  
flora@breakingbarrierstherapycenter.com



***INFORMED CONSENT FOR THERAPY SERVICES***

Welcome to Breaking Barriers Therapy Center, LLC.! This document contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you acknowledge your review of this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future. We can discuss any questions you have at the time of signing, or in the future as is convenient for you.

***Therapy Services***

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

The first 1-2 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

### ***Appointments***

The psychotherapy sessions may take place in-person or via tele-therapy, which consist of online or phone sessions. Appointments will ordinarily be 45-50 minutes in duration. Sessions will be scheduled to meet your individual needs. You may discontinue treatment at any time. We want our offices to be a safe environment for all, to that end no weapons are allowed at any time. Your appointment time is reserved solely for you. Therefore, you will be billed at our usual and customary rate for a session that you cancel with less than 24-hours' notice. Mitigating circumstances may be taken into account.

### ***Professional Fees***

The standard fee for the initial intake is \$180.00 and each subsequent session is \$150.00. Payment is due at the time of the session, unless other arrangements have been made. Our office will file your insurance claim for you, but you are responsible for deductibles, co-insurance, and co-payments. It is your responsibility to familiarize yourself with your insurance benefits.

Payments can be made via cash, check, or credit card. Any returned checks are subject to an additional fee of up to \$25 to cover the bank fees we incur. In the event of an overdue account, you are responsible for all collection costs, and interest charges may be added to your account.

### ***Insurance***

In order for us to set realistic treatment goals and priorities, it is important 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. With your permission, I will assist you to the extent possible in filing claims and ascertaining information about your coverage, but you are responsible for knowing your coverage and for letting me know if/when your coverage changes.

You should also be aware that most insurance companies require us to provide them with a clinical diagnosis. (Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-5. There is a copy in my office, and I will be glad to let you see it to learn more about your diagnosis, if applicable.). Sometimes I 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 in a computer. Though all insurance companies claim to keep such information confidential, I 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. I will provide you with a copy of any report I submit, if you request it. By acknowledging this Agreement, you agree that I can provide requested information to your carrier if you plan to utilize your insurance. It is important to remember that you always have the right to pay for our services yourself to avoid submitting information to the insurance company.

If I am not a participating provider for your insurance plan, I will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, I will provide you with a referral.

### ***Confidentiality***

Issues discussed in therapy are generally legally protected as both confidential and “privileged.” However, there are limits to the privileges of confidentiality. These situations include:

- Suspected abuse or neglect of a child, elderly person, or disabled person.
- When your therapist believes that you are in danger or harming yourself or another person, or you are unable to care for yourself.
- If you report that you intend to physically injure someone, the law requires your therapist to inform that person as well as the legal authorities.
- If your therapist is ordered by the courts to release information.
- When your insurance company is involved (e.g. in filing a claim, insurance audits, or in case of review or appeals), or when attempting to collect overdue accounts.
- In natural disasters whereby, protected records may become exposed.
- When otherwise required by law.

### ***Professional Records***

A clinical chart is maintained at our offices, as well as through an Electronic Health Record, describing your condition, treatment and progress, dates and fees for sessions, and notes describing each therapy session. Your records will not be released without your written consent, unless in those situations as outlined in the Confidentiality section above.

Except in unusual circumstances that involve danger to yourself/others, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them with your therapist or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request

### ***Contact Me***

I am not immediately available by telephone. I do not answer my phone while I am with clients or otherwise unavailable. At these times, you may send an e-mail to me or leave a confidential voice-mail message and I will get back to you as soon as possible, but it may take a business day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe:

Contact a 24-hour ***Crisis Line***:

Foundation 2:

- 1-800-332-4224
- 319-362-2174
- foundation2crisischat.org

Crisis Text Line:

- Text “start” or “go” to 741741

National Suicide Prevention Lifeline

- 1-800-273-8255

\*\*\*Call 911 or go directly to the emergency room.

I will make every attempt to inform you in advance of planned absences and provide you with the name and phone number of the mental health professional covering our practice.

***Other Rights***

If you are unhappy with what is happening in therapy, we hope you will talk with your therapist so that they can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that we refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about our therapist's specific training and experience. You have the right to expect that we will not have social or sexual relationships with clients or with former clients.

Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

***(IF THE PATIENT IS A MINOR, PARENT OR GUARDIAN MUST SIGN FOR THEM)***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to Patient \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to Patient \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Flora Williams, M.A., LMFT-t  
Breaking Barriers Therapy Center, LLC