



Therapists:

Monique Elgersma, MAMFT

Richard “Rick” Elgersma, MAMFT, M. Litt

*Welcome to Real Connections Counseling, LLC! This disclosure provides you with information about our therapy office, your client rights, our expectations and your financial expectations. After you have read this statement and we go over it in your initial session, you will be asked to sign this statement acknowledging that you have read it, understand it, and were provided a copy for your records.*

## ***Disclosure Statement and General Information***

### ***RCC therapist credentials & information***

Each therapist at Real Connections Counseling, LLC (“RCC”) is currently registered with Iowa Department of Behavioral Sciences with a temporary license in Marriage and Family Therapy. Both graduated from Regis University (Colorado Springs, CO location) with a Master of Arts in Marriage and Family Therapy. Rick Elgersma also has a Master of Letters in Family Life Education. Both are under periodic supervision by a Licensed Marriage and Family Counselor: Dr. Shelley Clymer Ph.D., LMFT, AAMFT-approved Supervisor and she can be reached at (515) 401-1101, during regular business hours.

- Richard Elgersma, IA license number: 084789
- Monique Elgersma, IA license number: 084781

### ***As the client, understand that:***

- ✓ You are entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known.
- ✓ You may seek a second opinion from another health care professional or may terminate therapy at any time.
- ✓ In a professional relationship, sexual intimacy is never appropriate and should be reported to the Iowa Board of Public Health.
- ✓ You have a right to confidentiality (see section on Confidentiality) as defined by the state and federal laws.
- ✓ There may be times when there is a need to consult with a colleague or supervisor about issues raised by clients in therapy. Client confidentiality is consistently protected at all times as indicated in this disclosure.

### ***Your Rights Regarding Protected Health Information***

1. **You have the** right to request restrictions **on certain uses and disclosures of protected health information about you, such as those necessary to carry out treatment, payment, or health care operations.** I am not required to agree to your requested restriction. If I do agree, I will maintain a written record of the agreed upon restriction.
2. **You have the** right to receive confidential communications of protected health information from me by alternative means or at alternative location. (For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address.)

3. **You have the right to inspect and copy protected health information about you by making a specific request to do so in writing.** This right to inspect & copy is not absolute – in other words, I am permitted to deny access for specified reasons. For instance, you do not have this right of access with respect to our/my “psychotherapy notes.” The term “psychotherapy notes” means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical (mental health) record. The term excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
4. **You have the right to amend protected health information in your records by making a request to do so in a writing that provides a reason to support the requested amendment.** This right to amend is not absolute – in other words, RCC is permitted to deny the requested amendment for specified reasons. You also have the right, subject to limitations, to provide a written addendum with respect to any item or statement in your records that you believe to be incorrect or incomplete and to have the addendum become a part of your record.
5. **You have the right to receive an accounting from RCC of the disclosures of protected health information made by us in the six years prior to the date on which the accounting is requested. As with other rights, this right is not absolute.** In other words, RCC is permitted to deny the request for specified reasons. For instance, RCC does not have to account for disclosures of protected health information that are made with your written authorization, since you have a right to receive a copy of any such authorization you might sign.
6. **You have the right to obtain a paper copy of this notice upon request.**

**More Information & How to File a Complaint:**

If you’d like to learn more detailed information about any of the above rights, or their limitations, please let us know.

If you wish to exercise any of the rights enumerated above or file a complaint, put your request in writing, specifying the manner in which you believe the violation occurred, the date of such occurrence, and any other relevant details. Mail or deliver to our supervisor, at: Shelley Clymer, Ph.D., LMFT; 6600 Westown Pkwy., Ste. 240; West Des Moines, IA, 50266; (515) 401-1101.

You may also file a formal complaint with the Secretary of the U.S. Department of Health and Human Services, which must be filed in writing. Send to: Secretary of the U.S. Department of Health and Human Services, 601 East 12th Street--Room 248, Kansas City, MO, 64106. Or contact the Iowa Board of Public Health.

**State of Iowa – Board of Public Health**

The Iowa Board of Public Health has the general responsibility of regulating the practice of licensed psychologists, licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, and those in the process of licensure. For information or if you have concerns, the contact them at: **Iowa Board of Public Health, Lucas State Office Bldg, 5<sup>th</sup> Floor, 321 East 12<sup>th</sup> Street, Des Moines, IA, 50319; phone 515-281-0254 or online at [idph.iowa.gov](http://idph.iowa.gov)**

## **Confidentiality**

Information provided by and to a client (or clients) during therapy sessions is legally confidential. The therapist may not disclose the information without the client's consent, except for the following reasons:

- Known or suspected child abuse, child molestation or incest
- Danger of suicide or being unable to care for yourself
- Danger of violence or other behavior constituting danger to self or others.
- Possibly the abuse of the elderly or others unable to care for themselves
- Subpoenaed information or testimony in criminal or civil court cases <or> court ordered therapy
- In natural disasters whereby records may become exposed

The professional code of American Association of Marriage and Family Therapist (AAMFT) ethics and the Iowa statutes prevent us from disclosing information that is shared in therapy or releasing information without your written consent. **If you are here for couples or family therapy, all persons involved in the therapy process are required to provide written consent before information can be released; however, we cannot guarantee the confidentiality of other participants who are involved in your therapy process** (i.e. spouse, partner, family members).

Note that your therapist may be required to share information of the particulars of your case with a supervisor during supervision. The client's (your) identity remains completely anonymous and confidentiality is fully maintained. This is within the confines of the code of ethics and confidentiality of the AAMFT and does not violate confidentiality between client and therapist but is a way for our supervisor(s) to ensure you are receiving suitable treatment and services.

You will sign a specific release of confidentiality disclosure for any other type of information sharing.

**Sometimes your therapist will need to contact you for appointment reminders or to provide you with resources that may aid in your treatment process. For those situations, please indicate below.**

**I allow my therapist to contact me via the following methods:**

Voice/call    voicemail message    Text    email    Skype/VSee/FaceTime

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

## **Marriage & Family Counseling**

All communications between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in couples or family therapy, confidential information about your treatment will not be disclosed unless you provide written authorization for release of information to another party. However, it is important that you know that we utilize a "no secrets" policy between the couple in treatment. Feel free to ask about the "no secrets" policy & how it may apply to you.

## **Disclosure Regarding Divorce & Custody Litigation or other legal actions**

If you are involved in divorce or custody litigation, our role as therapist is not to make recommendations to the court concerning custody or parenting issues. By signing this Agreement, you agree not to subpoena me (or any Real Connections Counseling therapist) to court for testimony or for disclosure of treatment information in such litigation; and you agree not to request that we write any reports to the court or to your attorney, making recommendations concerning custody or other legal actions. The court can appoint professionals, who have no prior relationship with family members, to conduct an investigation or evaluation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family's children. However, if time is determined to be required for legal proceedings, the hourly fee is \$375 per hour – including, but not limited to: preparation, travel, reporting, courtroom time, other legal appearances and requirement. You will be responsible for all legal fees incurred.

## **Payments and Fees**

All payment or co-payment is due at the time of the session unless other arrangements have been made.

**Fees:** It is the client's responsibility to pay for sessions. The **initial** assessment session is usually 60-90 minutes in length. General sessions are 45-50 minutes in length. Private Pay Session charges will be **\$105** for individuals with a single therapist and **\$155** for co-therapy (two therapists in the session) and **\$185** for families, and will be due at the beginning of each session, unless prior arrangements have been made in writing. The methods of payment available to you include personal check, cash, and major credit cards/debit cards. There is a \$5 cash discount applied when a check or cash is used to pay for the session.

Special Fee Amount: \_\_\_\_\_

### **PREMARITAL PACKAGES:**

\_\_\_\_\_ Our Best Plan: **10-session** Package. 10 HALF-PRICE sessions at a **total of \$790** = \$79/session fee (5% cash discount, so the sessions are \$75 if paid in cash or \$750 if paid in full).

\_\_\_\_\_ **8-session** Package: 8 discounted sessions **\$712 for package** = \$89.50/session fee (5% cash discount, so the sessions are \$85 if paid in cash/check or \$680 if paid in full)

\_\_\_\_\_ **6-Session** Package: 6 Discounted Sessions **\$600 for package** = \$100/session fee (5% cash discount, so the sessions are \$95 if paid in cash/check or \$570 total)

**Checks:** RCC will accept checks. If the check bounces, there will be a \$35 service charge for checks returned unpaid from your bank. You are also responsible for all fees/charges incurred and will be billed for all charges not previously paid by you. More than one (1) bounced check will result in cash or credit card payment only.

**Insurance:** RCC does not bill insurance at this time and therefore, we do not accept insurance.

**Refunds:** No refunds are provided for services already rendered. If the session is paid online prior to counseling services provided (prepaid), the following will apply:

A. If rescheduled timely (more than 24 hours prior to the scheduled session), the prepaid money will be applied to the next session.

B. If not rescheduled timely (24 hours or less for rescheduling the appointment) or not cancelled timely (less than 48 hours for cancellation without rescheduling), a \$50 fee will be charged, and the remainder of the session fee to be refunded.

C. If the session is cancelled timely (48 hours prior to the scheduled session), the entire prepaid amount will be refunded.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require RCC to disclose otherwise confidential information. In most collection situations, the only information RCC will release regarding a patient's treatment is his/her name, the nature of services provided and the amount due. (If such legal action is necessary, its costs will be included in the claim.)

## **Appointments**

We provide non-emergency psychotherapeutic services by scheduled appointment. Sessions, following the initial intake session, are generally 45-50 minutes in length and your appointment times will be scheduled regularly as agreed upon in your treatment plan. You are responsible for keeping your appointment time.

**Your appointment is reserved particularly for you at a specific date and time** by you and your therapist. Your appointment will be held specifically on a date and time until you cancel the appointment. **If you are unable to make your appointment, please provide at least 24 hours' notice of rescheduling or 48 hours' notice of canceling (not rescheduling) directly to your therapist and by calling 515-635-1805. Failure to give said notice or failure to show up (No Show) for a scheduled appointment will result in you being charged \$50 for the missed session (unless we both agree that you were unable to attend due to circumstances beyond your control). You will be expected to pay this fee prior to or at the start of your next session.** Any outstanding monies owed will need to be paid before a future session may commence. Unless special circumstances arise, and because our time is limited, missing more than three sessions in a row, or chronic cancellations may result in termination of counseling.

**Please initial that you have read this section specific to cancellation of appointments:**

\_\_\_\_\_

## **Contacting Your Therapist**

Please NOTE: If I believe your psychotherapeutic issues are above my level of competence, or outside of my scope of practice, I am legally required to refer, terminate or consult.

We offer weekday evening and daytime appointments. Office hours/days may vary slightly. I am/We are **not** available 24 hours a day/7 days a week; therefore if you have needs that necessitate on-call or more intense therapy, we can discuss other options for your treatment. You may contact us via our confidential voicemail, phone or email. We do not answer the telephone when with clients, but do check voicemail and email periodically during the day. We will make every attempt to return your call the same day with the exception of holidays and weekends. We will not provide therapy via e-mail, and prefer to talk with you in person, otherwise over the phone if necessary. However, your therapist will attempt to keep those contacts brief due to our belief that important issues are better addressed within regularly scheduled sessions.

If you have an urgent need to speak with a therapist, please indicate that fact in your message. If, for any reason, you are unable to contact me and you are having a true emergency involving a threat to your safety or the safety of others, please contact your primary care physician, call 9-1-1 or go to the nearest hospital emergency-equipped facility.

Additional fees may be incurred in the following situations:

- Report or letter writing or meeting attendance
- Non-standard phone calls:
  - o If calls are frequent or extensive (10-25 minutes) you will be charged a \$25 fee
  - o If the phone call goes beyond 25 minutes, you will be requested to schedule a time for an appointment and \$50 will be charged for the phone session, to be paid before the next session.

## **Record Keeping**

A clinical chart is maintained including notes with information on your presenting condition, your treatment, progress, other correspondence, as well as dates and fees for sessions. Your records will not be released without your written consent, unless in those situations as outlined in the Confidentiality section above or in the Notice of Privacy Practices. Records are locked and kept on site.

## **Client's Role in Therapy**

You may be asked to complete questionnaires or to do homework assignments. The initial sessions in therapy consist primarily of assessment and goal development, followed by sessions actively working toward those goals.

You are expected to play an active role in your treatment, including working with your therapist to outline your treatment goals and assess your progress as well as working on those goals outside of therapy. Your progress in therapy often depends much more on what you do **between** sessions than on what happens in the session. Some days therapy can be very reassuring and comforting, other days it can be distressing and challenging. Don't worry—this is a sign you are doing the work necessary to get better. Treatment is always voluntary and you may choose to end treatment at any time.

## **Dual Relationships**

Dual Relationships are never okay in a therapeutic setting. Therapy **never** involves sexual or any other dual relationship that may impair a therapist's objectivity, clinical judgment, and therapeutic effectiveness nor can it be exploitive in nature. For example, the therapist cannot meet with you in public for leisure time. The therapist cannot come to a client's special event such as a wedding. If the potential for a dual relationship exists, the potential will be discussed with you. The therapist may discontinue therapy if a dual relationship exists. If sexual intimacy occurs in a professional relationship such as this, it should be reported to the Board that licenses therapists.

**Termination of Therapy**

The length of treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with your therapist. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals. We continuously assess whether or not we are effective in meeting your goals, and if not, we are obligated to discuss the matter with you, and if appropriate, terminate therapy or make referrals. You may also decrease the frequency of your sessions.

Furthermore, you may discontinue therapy at any time. If you choose to discontinue therapy at a time that I feel is premature, I will offer to and provide you with names of other qualified professionals whose services you might prefer. If you would like to decrease frequency of sessions or end therapy, please discuss this with me, as two or three sessions should be expected to close the therapy process.

***Premarital Packages have the expectation that the clients will attend the chosen number of sessions. There is the option to continue sessions at the 'session rate' that was determined by the premarital package, if desired, for up to and including 1 year post-wedding. See "Payments and Fees" section.***

**If you have any questions or would like additional information, please feel free to ask now, during the initial session, or anytime during the psychotherapy process.**

***Your signature indicates that you have read this agreement for services carefully and understand its contents and your rights as a client or clients. By signing below, I (we) give consent to be treated by Richard Elgersma and/or Monique Elgersma and having been given access and agreeing to the aforementioned terms. I (we) also acknowledge that I (we) have received a copy of this Disclosure Statement. \*\* You may request additional copies of this statement at any time. \*\****

\_\_\_\_\_  
Printed Name of Client (or minor child)

\_\_\_\_\_  
Signature of client (parent or guardian, if minor)

\_\_\_\_\_  
Printed Name of Client (Partner/Parent)

\_\_\_\_\_  
Signature of client (Partner/Spouse)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Therapist