## BETTY HEIL, MSW, LISW

Licensed Independent Social Worker Body & Soul Wellness Center, 2728 Asbury Road, Suite 777 Dubuque, IA 52001 Phone (563) 556-9642

## **Counseling Information**

I am pleased that you have chosen me as your counselor. The following information is designed to help you know my qualifications and the terms for working together in a professional counseling relationship.

Qualifications: I am licensed as an Independent Social Worker by the State of Iowa. I hold a Master of Arts degree in Social Work from the University of Iowa, and have been working in Social Work and Counseling in the tri state area since 1986.

Standard Fee: \$150/hour. Fees are based on the time I spend with you and also the time I spend writing and processing your records. Regular therapy sessions normally last 45-50-minutes and are billed for 1 hour. Initial intake sessions may take slightly longer and are billed at \$300/session.

Adjusted Fee Rate: An adjusted fee may be available to you based on your annual gross income and number of dependents. A recent paycheck stub or a copy of your previous year's tax form may be required to establish an adjusted fee.

Fee Payment Schedule: Full payment is required at the conclusion of each session: You are required to keep a current credit card on file, even if you choose to pay cash for appointments or will be using insurance. This is to assure payment for missed appointments or insurance denials or co-payments.

Insurance: If you wish to seek reimbursement for my services from your health insurance company, please contact your insurance provider for an explanation of your benefits. This will clarify the terms of your insurance plan such as whether it will pay for counseling services with this therapist, what your deductible is, how many sessions are covered, what your co-pay is, etc. Some insurance companies require pre-authorization and will deny payment if that is not done prior to appointment. As a courtesy to you, I will file claims with your insurance company for reimbursement. However, you are required to make payments until insurance has been processed. At that time, you will be reimbursed, if necessary.

Failure to keep appointments: Your appointment time is reserved for you in advance and cannot be assigned to anyone else on short notice. Therefore, it is necessary to cancel scheduled appointments at least 24 hours in advance. Failure to provide 24-hour notice may result in \$25 charge (unless there is a legitimate emergency). Additional occurrences may result in \$50 charge. This is not reimbursable by insurance, and would be required to be paid prior to the next scheduled appointment.

Mental Health Emergencies/after hour crises: My counseling services are limited to the scheduled sessions we have together. In the event you feel your mental health requires emergency attention or if you have an emotional crisis you should report to the emergency room of a local hospital and request mental health services. If needed, you may also call during office hours to see about making arrangements to be seen sooner than your next scheduled appointment.

*Court Involvement*: It is this clinician's policy not to participate in legal and adversarial situations such as custody suits and litigation between parties. Counseling services are provided for symptom relief, healing and growth.

Your rights: As a recipient of counseling services, you have the right to refuse and/or terminate counseling at any time, the right to a description and explanation of your treatment, and the right to confidentiality. Information revealed by you during your sessions will be kept strictly confidential, and will not be revealed to anyone without your written authorization. The law provides for the following exceptions to your right of confidentiality: I need to report child or elder abuse and/or neglect as a mandatory reporter in the State of Iowa, I determine that you are a danger to yourself or others, or I am ordered by a court to disclose information about your treatment. Also, some information is at times required by insurance companies in order to pay claims. Know that I will release only what is necessary to process the claim, but please consider the consequences of this carefully prior to agreeing to release this information.

My rights: I reserve the right to refuse treatment if I determine that services are beyond my expertise, or if someone is determined to endanger my safety or the safety of others at the counseling site.

If you have any questions p	ease feel free to ask
-----------------------------	-----------------------