

CLIENT SERVICE AGREEMENT

Please read the following concerning the services you are about to receive and your rights and responsibilities as a client receiving services at this office. If you have any questions, please do not hesitate to ask your counselor.

Initial Sessions:

We begin counseling with a thorough evaluation for the purpose of understanding your situation. This evaluation generally takes two to three sessions and is designed to help your counselor thoroughly understand both you and your situation. After these initial evaluative sessions, your counselor will conduct an anonymous intake staffing to consult with other members of our clinical staff to review in depth your particular situation. Your counselor will then meet with you for the purposes of: a) reviewing your goals and objectives for counseling; b) lifting up for your consideration possible historical and situational factors contributing to your situation; c) recommending an approach to assist you in dealing with your concerns. Sessions will be scheduled from that point on to work on resolving the concerns that you brought to counseling. Counseling will continue until you and/or your counselor feel it is no longer necessary or beneficial to you.

Confidentiality:

The ethical standards of counseling professionals and Iowa law require that issues discussed during the course of therapy be confidential. This means that the information you reveal will not be discussed with others without your knowledge or consent. Others will not know that you have been to our office unless you inform them. You need to be aware, however, of some exceptions to confidentiality. These exceptions are relatively rare, but may occur. Your therapist may be required to release confidential information in a situation where you may potentially harm yourself or another (suicide, homicide, child/elder abuse/neglect). In these instances your therapist may have a duty by law to warn another person(s), family members or to file a report with the Department of Human Services. In other situations, most notably contested divorce actions or lawsuits, the court may subpoena your records. Increasingly, we find that some insurance companies seek further information to justify treatment before they will reimburse for mental health services. In all of the above, we will discuss with you the options and will share with you any information to be released prior to doing so.

HIPAA – Health Insurance Portability & Accountability Act:

Lutheran Family Service is in compliance with the laws pertaining to HIPAA. During the initial evaluative sessions, you will receive the *Notice of Privacy Practices for Protected Health Information*. If you have any questions or concerns, please raise them with your counselor.

Canceling Appointments:

If you find it necessary to cancel an appointment, please give your counselor notice as early as possible. **You will be charged \$50.00 for each missed appointment and each appointment cancelled without 24 hours notice.** Extenuating circumstances may be taken into consideration upon the discretion of your counselor.

Client Right to File a Grievance:

Clients who feel they have been treated unfairly, unjustly, or have been the object of discrimination based upon sex, national origin, or handicap by any member of LFS Staff in providing services may file a grievance. Any Client who wishes to file a formal grievance should request a copy of the form “Resolution of a Formal Grievance – Client”. A copy of the grievance form may be obtained from any LFS office. Clients wishing to appeal policies, procedures or staff action may do so utilizing the formal grievance form.

Lutheran Family Service Staff:

Lutheran Family Service staff are professionally qualified counselors who profess a commitment to a living and active God. Thus, your counselor will be willing to pray with you, search the Scriptures with you concerning your situation, and provide counsel consistent with God's Word. It is important that you share with your counselor your needs and expectations in this area.

I have read fully, understand and agree to abide by the above LFS policies and guidelines. I also understand that I will be provided with a copy of this document at my request for my records.

Client Signature

Date

Therapist Signature

Date