**Message to New Clients**

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Sometimes the process of treatment so occupies our attention that we fail to discuss the more routine but

important matters of the therapist/client relationship. The following will discuss some of those issues and

Inform you of our office practices and professional responsibilities.

**OFFICE HOURS**

Office hours may vary, but are normally Monday, Wednesday, Thursday and Friday 9:00 a.m. until 5:00 p.m. and Tuesdays 11:00 A.M. until 7 P.M. Please be aware that at times these may change.

**CONFIDENTIALITY**

A patient has the right to expect that whatever is said in the therapy process is confidential. Nevertheless, there are a few exceptions in which a patient may give up his/her right to confidentiality. The following will inform you of some of those situations. If you chose to have your insurance pay for your treatment, they will be informed of when you come, your diagnosis, and the cost. Some HMO/PPO insurance companies want more information than this to evaluate the need for treatment. Usually they will ask for a description of your problem, diagnosis, prognosis, and a description of the proposed goals and treatment plan. In certain legal matters your right to confidentiality may be waived. You should discuss this with your therapist if this is a matter of concern for you. Matters of personal safety also take precedence over matters of confidentiality. The law requires that we report any suspected child or elder abuse or if a client is a danger to themselves or others. In a serious manner, confidentiality may be waived. Except in such circumstances as the above, however, you can be assured that details of your treatment will be kept confidential.

**APPOINTMENTS**

If you need to call regarding an appointment, please call during regular office hours. I would very much appreciate your giving me at least 24 hours notice if you need to cancel an appointment. There may be a charge of $55.00 for missed appointments, or appointments canceled with less than 24 hours notice. Emergencies and illness are certainly exceptions to this policy. You may cancel after hours by calling and leaving a voice mail or email. If you “no show” two appointments in a row you could possibly have all the rest of your appointments cancelled. Please call back when the office is open to reschedule your appointment. If you believe that you need to be seen on an urgent basis, please inform me of that. Please note that an hour appointment is actually for **45 minutes**. (This is the standard in psychology/social work), but may last longer if needed.

**PHONE CALLS/EMERGENCIES**

Please restrict your routine phone calls to the above office hours. If you believe that your situation is urgent, or an emergency, call at any time. All calls should go to the office number: (641) 530-4055. If I am not available or with a client please leave me a message that it is urgent and I will get back to you as soon as possible. Be sure to leave a phone number where we may call you back. In the event that it is an emergency and you need immediate assistance and you cannot wait for our return call, you should remember that you may call 911, your general physician, the police/sheriff, or go to Mercy Hospital in Mason City, or the nearest emergency room.

**PAYMENT OF FEES**

All fees for services are expected at the time of service unless prior arrangements have been made. I will be happy to discuss other arrangements with you on an individual basis. If you request a special written report or my in person attendance for legal, DHS, school, or disability insurance purposes, there will be a charge for that.

**INSURANCE**

As a courtesy to you, we will file your insurance claims. You will be responsible for providing our office with all necessary insurance information including company name and mailing address, policy name, number and group number, signed and completed insurance forms and a signed release of information sheet. We ask that you to call your insurance and make sure that charges are going to be covered. Once again you are required to make any co-payments at the time of service.

**RIGHTS AND RESPONSIBILITIES**

We want you to know that as a client you have rights. Those include:

**RIGHTS**

1. To be treated with respect and dignity.
2. To receive care based on my own individual situation and needs.
3. To receive services in the least restrictive setting fitting my needs.
4. To actively participate in the choice regarding the development, implementation and evaluation of treatment.
5. To make my own decision to accept or refuse treatment.
6. To express opinions about the services of Deanna Kozlowski, LISW.
7. To be able to appeal decisions about Deanna Kozlowski, LISW or the operations that affects me.
8. To be informed of assessment findings and recommendations for treatment.
9. To make my own choices regarding participation in any clinical research proposed.
10. To be informed of my financial obligations for services provided.
11. To confidentiality under Federal and State Laws.
12. To have services take into account my cultural, language, hearing, visual, cognitive, or other special needs.
13. The right to confidential communication and to do so through alternative means or methods of contact.
14. The right to request restrictions on the use and disclosure of my health information.
15. The right to view, copy and request amendments to my health information

**RESPONSIBILITIES**

As a client, you also have responsibilities that are *critical* to achieving the results you desire. The work we do requires your active involvement and commitment in:

1. Participating in the identification of my needs,
2. Providing reliable and honest information,
3. Participating in my own treatment,
4. Participating in setting and directing my own goals for services,
5. Identifying family, significant others, and providers to involve in your treatment and to define the conditions of their involvement,
6. Keeping scheduled appointments,
7. Keeping my account current and discussing problems if they would exist with my therapist.