Robyn Rodenburgh, LMHC

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Waterloo, IA 50702
319-231-5871

I. Welcome!

I appreciate your courage for coming to counseling. I am Robyn Rodenburgh Licensed Mental Health Counselor (LMHC). You may have many questions at this time and this handout is to provide you with information about treatment, confidentiality, and office policies. If there are additional questions not addressed within this handout please ask.

II. Purpose, Aim, and Goals:

Being involved in counseling involves courage as I previously noted, but also a commitment. I will provide counseling in a respectful and empathetic manner. In return I ask that you are honest and committed to improving your life and/or your families' life. You and or your family have come to counseling to address a current concern. An assessment will assist in identifying current problems and areas of need. You and Robyn Rodenburgh will agree upon your goals and methods used to attain these goals. Counseling may be provided individually, family, and/or group format. Robyn Rodenburgh uses a variety of theoretical approaches in counseling, such as Adlerian and Cognitive Behavioral. She also has training in Eye Movement Desensitization Reprocessing (EMDR) and uses this approach when appropriate. The treatment approach used is depending on the person and/or condition. You have a right to terminate services at any time, unless your services are court ordered. If you do choose to terminate services it is asked that you communicate this to Robyn Rodenburgh.

III. Appointments

Appointments will generally be scheduled for fifty minutes. The office hours are by appointment only. I will do my best to accommodate your schedule. The frequency of appointments will be determined by the counselor and client. Typically clients will meet weekly or every other week.

IV. Emergency Situations

If an emergency situation for which the client or their guardian feels immediate attention is necessary, the client or guardian understands that they are to contact the emergency services in the community (911) for those services and/or your primary doctor. Robyn Rodenburgh will follow those emergency services with standard counseling and support to the client or the client's family.

V. Confidentiality

Your verbal communication and clinical records are strictly confidential with the exception of:

a) information (diagnosis and dates of service) shared with your insurance company to process your claims

b) information you and/or you child or children report about physical or sexual abuse done to a minor or dependent adult then, by Iowa State Law, I am obligated to report this to the Department of Human Services

c) where you sign a release of information to have specific information shared

d) if you provide information that informs me that you are in danger of harming yourself or others

e) information necessary for case supervision or consultation

f) or when required by law (such as a court order)

You may be asked to sign of releases to family members, psychiatrist, medical doctor, or other agencies involved in your care.

VI. Payment of Services

All fees are expected to be paid at the time of appointment, this includes deductibles, co-insurance, and co-payments. Robyn Rodenburgh will file your insurance claim, however you are still responsible for deductibles, co-insurance, and co-payments. It is your responsibility to understand your insurance benefits and your insurance coverage. If you are paying self-pay you will be asked to sign an agreement before each session regarding this arrangement.

VII. Cancellations and Missed Appointments

In the event that you would need to cancel an appointment 24 hour notice of cancellations are expected. If 24 hour notice is not provided for canceling appointments, you will be responsible for a fee of $30.00. This fee will be billed directly to the client in most cases as insurance carriers do not pay for missed appointments. You may leave a message on my phone 24 hours a day.

VIII. Complaints

If you would experience any complaints about your treatment, this counselor, or the office policy please speak to me about these concerns. You have a right to express your complaints and receive a resolution. If you are not content with the outcome of addressing a complaint you can file a formal complaint with your insurance carrier, if you choose.

IX. Consent for Treatment

By signing below, you are stating that you have read and understood this 2-page policy statement and have had your questions answered to your satisfaction.

I accept, understand, and agree to abide by the contents and terms of this agreement and further, consent to participate in evaluation and/or treatment. I understand that I may withdraw from treatment at any time.

Name of client (print): _____

Signature: _____Date: _____

Counselor/Witness: _____Date: _____

Acknowledgement of Notice of Privacy Practices
Robyn Rodenburgh, LMHC

I hereby acknowledge that I was given opportunity to read and receive a copy of Privacy Practices for Robyn Rodenburgh, LMHC dated April 14, 2003.

Signature: _____ Date: _____

Coordination of treatment:

It is important that all health care providers work together. As such, we would like your permission to communicate with your primary care physician and/or psychiatrist. Your consent is valid for one year. Please understand that you have the right to revoke this authorization, in writing, at any time by sending notice. However, a revocation is not valid to the extent that we have acted in reliance on such authorization. If you prefer to decline consent no information will be shared.

_____You may inform my physician _____I decline to inform my physician

Physician Name: _____

Clinic: _____

Address: _____

Phone: _____

Signature _____ Date _____

Consent for treatment of children or adolescents:

I/We consent that _____ maybe treated as a client by Robyn Rodenburgh, LMHC.

Signature(s)_____Date_____