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Office Policies

Thank you for choosing me for counseling. These pages contain important information about my office policies. Attached is a detailed explanation of the Health Insurance Portability and Accountability Act (HIPAA), which provides you with certain rights and protections. The law requires that I obtain your signature acknowledging that I have provided you with this information. Please note any questions you have about these policies so we can discuss them. When you sign this document, it represents an agreement between us.

My Approach

I work collaboratively with clients, developing a treatment plan that fits each person's unique needs. If you have questions about my approach, we should discuss them whenever they arise. Psychotherapy can have benefits and risks. It often results in solutions to specific problems, better relationships and significant reductions in symptoms. However, since therapy often involves discussing difficult aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. There are no guarantees of what you will experience. At the end of treatment, I will supply you with a written survey to provide me with feedback about your experience, but I welcome your feedback at any time.

Meetings

Unless other arrangements have been made, couple sessions are 1 hour in length; individual sessions are 50 minutes. I normally conduct one evaluation session for individuals and up to 3 sessions for couples. During this time, we can both decide if I am the best person to provide the services you need. As part of the evaluation process, I will ask you to sign a release so that I might communicate with past and/or current practitioners. If I decide that I am not the appropriate practitioner to work with you, I will refer you to several practitioners who may be more suitable.

Professional Fees

	Individual	Couple
• Initial Evaluation:	\$110.00	\$140.00
• Second and additional sessions:	\$100.00	\$120.00

Payment for each session is expected at the time it is held, unless we agree otherwise or you have insurance coverage that requires another arrangement. I accept cash or checks. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. In the event of a fee increase, I will provide at least one month of advance notice.

Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. Insurance companies do not provide reimbursement for cancelled sessions.

Insurance Reimbursement

If you are planning to use insurance, you should find out before the first session exactly what services are covered, including marital or couple counseling if you are seeking this particular service. **If your plan requires pre-authorization for outpatient services it is your responsibility to call your insurance company and obtain it.**

If you wish to utilize insurance benefits, I will assist you by submitting claims on your behalf. In order to do so, I will need to provide your insurance company with certain information, such as a diagnosis. In some cases I may also be asked to provide other details including, but not limited to, symptoms and a treatment plan. I will provide any assistance I can in helping you receive the benefits to which you are entitled; **however, you – not your insurance company – are ultimately responsible for full payment of my fees.**

Nondiscrimination

I do not discriminate on the basis of race, ethnicity, national origin, disability, age, gender, sexual orientation, or religion.

Limits on Confidentiality

The law and professional code of ethics protects the privacy of all communications between a client and clinical social worker. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA and Illinois law. There are some situations where I am permitted, or even required, to disclose information without your authorization. **Here is a brief summary of situations in which I may release information without your permission:**

- In a lawsuit if I have been served with a subpoena.
- If I believe you are a danger to yourself or to others.
- If I have reason to believe that a child under the age of 18 years or a vulnerable adult has been abused, abandoned or neglected or I believe there are circumstances that would reasonably result in abuse, abandonment or neglect.

Please feel free to discuss any concerns you have about confidentiality.

Please initial here and sign below:

_____ I/we have received the HIPAA (Privacy Practices) Notice.

_____ I/we agree to the arrangements regarding fees and cancellations.

_____ I/we give permission to contact my insurance company for the purposes indicated above.

Signature

Date

(Print your name here)

Signature

Date

(Print your name here)