

PSYCHOTHERAPIST – PATIENT SERVICES AGREEMENT

Welcome to our practice. This document (the Agreement) contains important information about our professional psychotherapy services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI), which may be used for the purpose of treatment, payment, and health care operations. HIPAA requires that we provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment, and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that we have provided you with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully before we proceed. We can discuss any questions you have about the procedures at any time. When you sign this document, it will also represent an agreement between us. You may revoke this agreement in writing at any time. This revocation will be binding on us unless we have taken action in reliance on it; if there are obligations imposed on us by your health insurer in order to process or substantiate claims made under your policy (if applicable); or if you have not satisfied any financial obligations you have incurred.

PSYCHOLOGY SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychotherapist and patient, and the particular problems you are experiencing. There are many different methods your psychotherapist may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustrations, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience. Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, your therapist will be able to offer you some first impressions of what our work will include and a treatment plan to follow if you decide to continue therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about our procedures, we should discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS

We normally conduct an evaluation that will last from 2 to 4 sessions. During this time, both you and your therapist can decide if he or she is the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, we will usually schedule one 45 to 60-minute session (one appointment hour of 45-minute duration, or one of 60 minutes duration) per week at a time we agree on, although some sessions may be longer, more frequent, or less frequent. *Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. It is important to note that insurance companies do not provide reimbursement for cancelled sessions.*

PROFESSIONAL FEES

Our hourly fee for the first session, a diagnostic session, is \$180.00, for subsequent 45-minute sessions it is \$140.00, and for 60-minute sessions it is 165.00. In addition to weekly appointments, we charge this amount for other professional services you may need, though we will break down the hourly cost if we work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 5 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, we charge \$200 per hour for preparation of any legal proceeding. We charge \$500.00 per hour for depositions or testimony (both for time on the stand as well as time waiting to testify), plus reimbursement for any related travel expenses. Please note that these fees are different for our forensic psychological evaluations.

CONTACTING US

Due to our work schedules, we are often not immediately available by telephone. When we are unavailable, our telephone is answered by voice mail that is monitored frequently. We make every effort to return your call promptly. If you are difficult to reach, please provide some times when you will be available. If you are unable to reach your therapist and feel that you can't wait for me to return your call, then call 911 or proceed to the nearest emergency room. If I will be unavailable for an extended time, I will provide on my voice mail the name of a colleague to contact, if necessary.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a psychotherapist. In most situations, we 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. However, in the following situations, no authorization is required:

- We may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, we make every effort to avoid revealing the identity of a patient. The other professionals are also legally bound to keep the information confidential. If you do not object, we will not tell you about these consultations in your Clinical Record (which is called "PHI" in our Notice of Policies and Practices to protect the Privacy of Your Health Information).
- Your therapist may be under the supervision of another independently licensed professional within the practice. In these cases, the supervisor will also have direct access to your file and personal information.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in the Agreement.
- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by law. We cannot disclose any information without a court order or your written consent. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order your psychotherapist to disclose information.
- If a government agency is requesting the information for health oversight activities, we may be required to provide it for them.
- If a patient files a complaint or lawsuit against a psychotherapist, he or she can disclose relevant information regarding that patient in order to defend him or herself. Please be advised that in Illinois, a person filing a complaint against a professional waives his or her right to confidentiality.
- If you file a worker's compensation claim, and services are rendered in accordance with the provisions of Illinois Worker's Compensation law, we must, upon appropriate request, provide a copy of your record to your employer or his/ her appropriate designee.

There are some situations in which we are legally obligated to take actions, which we believe are necessary to attempt to protect you or others from harm and we may have to reveal some information about a patient's treatment. These situations are unusual in our practice.

- If your therapist has reasonable cause to believe that a child under 18 known to your therapist in his or her professional capacity may be an abused child or a neglected child, the law requires that a report be filed with the local office of the Department of Children and Family Services. Once such a report is filed, your therapist may be required to provide additional information.
- If your therapist has reason to believe that an adult over the age of 60 living in a domestic situation has been abused or neglected in the preceding 12 months, the law allows him or her to file a report with the agency designated to receive such reports by the Department of Aging. Once such a report is filed, your therapist may be required to provide additional information.
- If you have made a specific threat of violence against another, and if your therapist believes that you present a clear, imminent risk of serious physical harm to another, he or she may be required to disclose information in order to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking your hospitalization.
- If your therapist believes that you present a clear, imminent risk of serious physical or mental injury or death to yourself, he or she may be required to disclose information in order to take protective actions. These actions may include seeking your hospitalization or contacting family members or others who can assist in protecting you.

If such a situation arises, your psychotherapist will make every effort to fully discuss it with you before taking any action and disclosure will be limited to what is necessary. Please be advised that if you threaten harm to yourself or another, your psychotherapist may be required by Illinois law to notify the State Police. This may result in the revocation of your Firearm Owner's Identification (FOID) card if you hold one.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future.

PROFESSIONAL RECORDS

The laws and standards of our profession require that I keep Protected Health Information (PHI) about you in your Clinical Records. You may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, it is recommended that you initially review them in the presence of your psychotherapist, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, we are allowed to charge a copying fee of \$1.00 per-page (and for certain other expenses).

You should be aware that, pursuant to HIPAA, your therapist may keep documentation about you in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the way in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that are received from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. In addition, your therapist also may keep a set of Psychotherapy Notes. These notes are for his or her own use and are designed to assist in providing you with the best treatment. While the contents of Psychotherapy Notes vary from patient to patient, they can include the contents of our conversations, analysis of those conversations, and how they impact on your therapy. They may also contain particularly sensitive information that you may reveal to me that is not required to be included in your Clinical Record. The Psychotherapy Notes are kept separate from your Clinical Record. While insurance companies (if applicable) can request and receive a copy of your Clinical Record, they cannot receive a copy of your Psychotherapy Notes without your Authorization. Insurance companies cannot require your authorization as a condition of coverage nor penalize you in any way for your refusal. You may examine and/or receive a copy of both sets of records, if you request it in writing, unless any applicable law dictates otherwise. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, it is recommended that you initially review them with your therapist, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, I am allowed to charge a copying fee of \$1.00 per-page (and for certain other expenses).

PATIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that your psychotherapist amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures. We are happy to discuss any of these rights with you.

MINORS & PARENTS

Patients under 12 years of age and their parents should be aware that the law allows parents to examine their child's treatment records. Parents of children between 12 and 18 cannot examine their child's records unless the child consents and unless his or her therapist finds that there are no compelling reasons for denying the access. Parents are entitled to information concerning their child's current physical and mental condition, diagnosis, treatment needs, services provided, and services needed. Since parental involvement is often crucial to successful treatment, in most cases, we require that patients between 12 and 18 years of age and their parents enter into an agreement that allows parents access to certain additional treatment information. If everyone agrees, during treatment, your therapist will provide parents with general information about the progress of their child's treatment, and his/her attendance at scheduled sessions. He or she will also provide parents with a summary of treatment when it is complete. Any other communication will require the child's authorization, unless his or her therapist feels that the child is in danger or is a danger to someone else, in which case, parents will be notified of that concern. Before giving parents any information, the therapist will discuss the matter with the child, if possible, and do his or her best to handle any objections he/she may have.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested. [In circumstances of unusual financial hardship, we may be willing to negotiate a fee adjustment or payment installment plan.] If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require us to disclose otherwise confidential

information. In most collection situations, the only information released regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. We will fill out forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of fees. It is very important that you find out exactly what mental health services your insurance policy covers and provide this information to me.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, we will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information you receive from your insurance company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMO's and PPO's often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. You should also be aware that your contract with your health insurance company requires that you authorize us to provide it with information relevant to the services provided to you. If you are seeking reimbursement for services under your health insurance policy, you will be required to sign an authorization form that allows us to provide such information. Your psychotherapist is required to provide a clinical diagnosis. Sometimes your therapist can be required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, every effort will be made to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. This information can affect your ability to obtain health and other types of insurance in the future. You will be provided with a copy of any report submitted, if you request it.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions. It is important to remember that you always have the right to pay for services yourself and avoid the problems described above (unless prohibited by contract).

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS DURING OUR PROFESSIONAL RELATIONSHIP. IT AUTHORIZES CROSSWINDS CENTER FOR PERSONAL AND PROFESSIONAL DEVELOPMENT, LLC TO BILL YOUR INSURANCE (IF APPLICABLE), AND SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE OF PRIVACY PRACTICES DESCRIBED ABOVE.

Patient Signature: _____

Date: _____

Parent/Guardian Signature: _____
(if applicable)

Date: _____

Witness: _____

Date: _____