

CLIENT AGREEMENT / COUPLE

These client forms contain important information about my professional services and business policies. You should also review the *Notice of Privacy Practices (HIPPA)*. **Please read through all documents carefully.**

Psychological Services

Psychotherapy is an agreed upon relationship that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. Your clinician has corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Client Rights and Responsibilities

You have the right to information regarding my qualifications including education, training, and licensure. In addition, you have the right to ask questions regarding any procedures, skills, or techniques used as part of your treatment in psychotherapy. Finally, you have the right as a client to stop treatment at any time without further financial obligations (***clients are responsible for any outstanding balance on the account at the time of ending treatment***).

You are responsible for coming to your scheduled appointment on time. Sessions last for 50-55 minutes, unless you and your clinician have agreed upon other arrangements. If you are late, your session will still end at its regular time unless otherwise negotiated. You are responsible for any payment for services upon receipt of the monthly invoice.

Clinician Responsibilities

I am responsible for providing you with quality service that upholds my profession's ethical standards of care. You have the right to considerate, safe and respectful care without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. This includes maintaining your confidentiality (see below) and informing you about your condition/diagnosis and treatment options.

Confidentiality

I am committed to maintaining the privacy of your personal information in all communications. I can only share information about you and your treatment with others with your written permission. There are a few legal exceptions to this policy:

- ***Child/Elder Abuse***—If there is reasonable cause to believe that you are abusing or neglecting a child 17 years of age or younger or vulnerable elder, or if you provide information about someone else doing this, I am legally mandated to report this to the appropriate agencies.
- ***Serious Threat to Health or Safety of Another Individual***—If you provide statements or there is reason to believe that you plan to harm another person, I have a legal duty to warn him or her. I will attempt to inform that person of your intentions and contact the police so they may intervene and protect that individual.
- ***Serious Threat to Health or Safety of Self***—If you provide statements or there is reason to believe that you are in ***imminent*** danger of harming yourself, I have a legal duty to keep you safe. I will explore all options with you regarding securing your safety, but may be required to contact the police for your protection.
- ***Other Instances***—If disclosure of your information is compelled or permitted by a court pursuant to an

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order of that court; if disclosure of your information is compelled or permitted in the event of death; or if disclosure is otherwise specifically required by law.

Professional Fees

• Self-Pay Session Fees

- Initial psychological evaluation sessions are \$185.
- Individual psychotherapy sessions are \$175.00.
- Couples or family psychotherapy is \$185 per session.
- Payment is due upon receipt of invoice unless otherwise negotiated.

• ***Late Cancellation and Missed Appointment Fees***—I require notification of all cancellations or rescheduled sessions 24 hours prior to your scheduled appointment to allow for waitlisted patients to be seen. Please note for patients with an established weekly session time I assume you will attend future appointments unless otherwise discussed. If more than two regularly scheduled appointments are missed without contact from you, future appointments will be cancelled and cannot be reinstated without a conversation with me.

- Late cancellations fee (less than 24 hours before scheduled appointment) is \$175/\$185.
- Same day cancellations and missed appointments fee is \$175/\$185.
- Clients scheduled for a double session (two consecutive hour-long sessions in the same day) will be charged as indicated above for the two one-hour appointments cancelled/missed (total of either \$350 or \$370).

• ***Other Professional Fees*** — Other services such as report writing, telephone conversations, or preparation of records or treatment summaries that take over 15 minutes to complete will be charged an hourly fee of \$175. These fees cannot be submitted to your insurance provider. Paperwork and forms can take up to several days to be completed. Be sure to drop off paperwork as early as possible and alert us to any important deadlines.

• ***Unpaid Fees*** —If a balance is unpaid for 90 days, I will speak with you and these fees will be applied to your credit card if on file. You will be charged for any attorney and court fees incurred to collect outstanding balances. If the balance remains unpaid, I may stop treatment with you.

Insurance Information for Clients

I am an in-network provider for Blue Cross Blue Shield PPO. ***You are responsible for reviewing the details of your policy contract and for providing me with your information for billing purposes.*** Please bring your current insurance card to your first appointment so I can make a copy for our records. You are responsible for alerting me to any changes in your insurance coverage. You are responsible for fees such as deductible, copay, or coinsurance upon receipt of the monthly invoice.

Out of Network Insurance Information for Client

If I am not a participating provider for your insurance plan, you are responsible for payment in full upon receipt of the monthly invoice. If you want to submit a claim to your insurance provider to request reimbursement for psychotherapy services, I will provide you with an itemized receipt (superbill) at the end of each month. I do not bill out-of-network providers. ***You are responsible for reviewing the reimbursement details of your policy contract.***

Contacting Your Clinician

I may not be immediately available but check voicemail, email, and text messages periodically throughout the day. Please note that email and text communications are not considered secure/confidential. I make every attempt to return all correspondence within 24-hours. In addition, I will inform you in advance of planned absences. ***If you are experiencing a psychological emergency, please call 9-1-1 or go to your nearest emergency room.***

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Initial and Sign (both partners):

_____ We have read, understand, and agree to the above stated policies.

_____ We have read and understand the HIPAA Notice of Privacy Practices in full and have had sufficient opportunity to ask questions/seek clarification.

_____ We consent to the Professional Fees as outlined by this agreement.

By signing below, we consent to receive mental health services from Kate Hinkle, PsyD

Client Signature

Date

Client Signature

Date

After completing this form save the changes and upload your document into the patient portal. You will be prompted to sign the form electronically in the patient portal—please provide an electronic signature.