OUTPATIENT SERVICES AGREEMENT

Welcome to our practice. This document (the Agreement) contains important information about our professional services and policies. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL, COUNSELING SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and patient, and the particular problems you are experiencing. There are many different methods therapists may use to deal with those problems 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 some discomfort. Because therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress.

The first session 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 with therapy. You should evaluate this information along with your own opinions about whether you feel comfortable working with us.

If you have questions about our procedures, we should discuss them whenever they arise. You have the right to withdraw from treatment at any time.

SESSIONS

The therapist will normally conduct an initial evaluation, during this time we can both decide if we are the right fit to provide the services you need in order to meet your treatment goals. If we agree to begin psychotherapy, sessions are typically conducted on a once- a-week basis and last

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for 45 to 60 minutes each, though the initial consultation is scheduled for a full hour. More or less frequent sessions are sometimes scheduled, depending on the needs of the client.

Appointment Cancellation Policy

Inspire Therapeutic Services has a 24-hour cancellation policy. Please call the office to cancel or reschedule within 24 hours of your appointment or you may be charged a **$50.00 fee.**

No Show Policy

No shows are an inconvenience to patients who need access to mental health care in a timely manner. Therefore, we charge **$50.00** for missed appointments.

PROFESSIONAL FEES

Our hourly therapy fee is between $125 -$175. If we meet more than the usual time, we will charge accordingly. In addition to weekly appointments, we charge different rates for other professional services you may need. Other professional services include: Neuro Psychological Testing, Psychological Testing, Professional Consulting Services, Diagnostic Assessments, Documentation or Written Correspondence. For a detail breakdown of fees please ask our office.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when such services 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 30 days (from the appointment date) 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. [If such legal action is necessary, its costs will be included in the claim.] In most collection situations, the only information we will release regarding a patient's treatment is his/her name, the dates, times, and nature of services provided, and the amount due. Returned Checks will be charge $35.00

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INSURANCE REINBURSERMENT

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 our fees. **It is very important that you find out exactly what mental health services your insurance policy covers.**

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. If necessary, we are willing to call the insurance company on your behalf to obtain clarification.

Some services could require pre-authorization before they provide reimbursement for mental health services.

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 our sessions. If your insurance carrier denies part or all of you claim, you will be responsible for any balance remaining.

You understand that, by using your insurance, you authorize Inspire Therapeutic Services, LLC to release information concerning mental health care, advice and treatment to your insurance company.

You authorize the assignment of benefits payable to Inspire Therapeutic Services, LLC and/ or its designee for behavioral health services and supplies or any other private third payer. You understand that you are responsible for payment of all co-payments, co-insurance, deductibles, and non-covered services.

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CONTACTING YOUR THERAPIST, OFFICE AND ELECTRONIC COMUNICATIONS

Since we work by appointment, your therapist is often not immediately available by telephone. We probably will not answer the phone when we are with a patient. When we are unavailable, our telephone is answered by an answering service (machine, voice mail, or by our office administrator) [that we monitor frequently, or who knows where to reach your therapist]. We will make every effort to return your call within the next 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. **We do not offer 24 Hour Emergency Services.** If you are unable to reach us and feel that you cannot wait for us to return your call because is an Emergency, call 911 or contact the nearest emergency room and ask for the psychologist [psychiatrist] on call.

Email Communications

We use email communication only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges with our office should be limited to things like setting and changing appointments, billing matters and other related issues. ***Please do not email us about clinical matters because email is not a secure way to contact us.*** If you need to discuss a clinical matter with us, please feel free to call us so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone or face-to-face context simply is much more secure as a mode of communication.

Text Messaging

Because text messaging is a very unsecure and impersonal mode of communication, we do not text message to nor do we respond to text messages from anyone in treatment with us. So, please do not text message us unless we have made other arrangements.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and Inspire Therapeutic Services, LLC is protected by law, and we can only release information about our work to others with your written permission. No clinical information will be released without your written authorization and consent unless required by your insurance provider.

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But there are a few exceptions.

In most legal proceedings, you have the right to prevent us from providing any information about your treatment. In some legal proceedings, a judge may order our testimony if he/she determines that the issues demand it, and we must comply with that court order.

The State of Illinois require us by law to report any suspected child abuse or neglect. Also required to make a report if a client is a lethal danger to themselves or others.

For example, if we believe that a child [elderly person or disabled person] is being abused or has been abused, we must make a report to the appropriate state agency.

If we believe that a patient is threatening serious bodily harm to another, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If a similar situation occurs in the course of our work together, we will attempt to fully discuss it with you before taking any action.

We may occasionally find it helpful to consult other professionals about a case. During a consultation, we make every effort to avoid revealing the identity of our patient. The consultant is also legally bound to keep the information confidential. Ordinarily, we will not tell you about these consultations unless we believe that it is important to our work together.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have at our next meeting. We will be happy to discuss these issues with you and provide clarification when possible. However, if you need specific clarification or advice, we are unable to provide, formal legal advice may be needed, as the laws governing confidentiality are quite complex and we are not an attorney.

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Please refer to HIPAA Notice of Privacy Practices.

Your signature below indicates:

• That you have read this Agreement, agree to its terms, and are giving informed consent for services which could include myself, spouse, children, and/or other family members.

• That you accept responsibility for payment of fees in accordance with these terms and conditions without exception.

• That you have been provided with a copy of this Agreement and the HIPAA Notice of Privacy Practices.

I hereby authorize Inspire Therapeutic Services, LLC to provide evaluation and treatment services.

Patient Printed Name: ____

Signature: ____ Date: __________________

Parent/Guardian Signature ____________________________Date: __________________

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