

Informed Consent Information

This information describes the ground rules under which I can work with you effectively, ethically and legally. A separate page that amounts to an agreement between us to accept these rules as the basis of our working relationship and that permits you to provide me with the information I must keep in my files follows it.

Nature of Services. As a licensed counselor, I provide long-term and short-term counseling and psychotherapy for individuals, couples and families. My therapeutic approach, goals for therapy, and duration of services will be discussed with you individually.

Appointments. I am available for individual appointments on Mondays, Wednesdays, and Saturdays. If for some reason you must cancel the appointment, please notify me no later than the 24 hours prior to the start of our scheduled session. There will be a charge for a full office visit if you fail to notify me of the need to cancel.

Fees. The fee for a 60-minute office visit with one person is \$130; the fee for a 60-minute office visits with a family/couple is \$150.00. The excess portions of sessions that extend beyond 60 minutes will be charged in 15-minute increments.

It is very important that you pay the agreed-upon fee prior to leaving the office, BEFORE each individual session, in the form of cash or check. If you find it inconvenient to write several checks per month, it is acceptable to pay for several sessions in advance. Fees that are unpaid, or that appear likely to be unpaid, will be discussed with you individually. Accounts are considered delinquent after two sessions are unpaid. At this point, if payment arrangements have not been made, routine appointments will cease until the situation is addressed. If you are having financial troubles that may affect your ability to pay for therapy, please let me know so alternative/sliding fee arrangements can be discussed.

Insurance: I am currently on several EAP panels and Insurance panels including Blue Cross/Blue Shield of Illinois PPO, Cigna and Aetna, ERS, Behavioral Health Systems, Metropolitan, APS Healthcare, Compsych, and others. In the event you have a policy with another insurance company I will consider working as an out-of-network provider, if their payment schedule is appropriate and if there isn't an unreasonable amount of administrative time involved. For insurance policies that carry a deductible, I do require that you pay the fee in full until an explanation of benefits is received to verify you have met your deductible. Any over payment will be refunded to you within 7 days of receipt of the explanation of benefits.

Billing: I currently use a billing person to submit claims to insurance companies, and check client benefits. She has signed a confidentiality agreement and is bound by the same privacy and HIPPA laws that I am. She may need to communicate with you directly with insurance issues, and you may communicate with her directly as well with any insurance questions. Her email and voicemail are confidential. Her information is: Tina Duckworth

Phone: 412-266-4557

Fax: 831-708-2797

Email: tina.duckworth@hushmail.com

Confidentiality. I treat all information shared with me with great care. I will not discuss you or anything identifiable about your situation with anyone other than to those persons authorized by you. There are several exceptions to confidentiality mandated by Illinois State law: if the client is a danger to self or others, if child abuse is suspected or confirmed, or if a court subpoenas my records.

HIPPA Privacy Policy – Please read the **HIPPA Privacy Policy**.

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Potential Side Effects. It is important that you realize that working with a counselor may sometimes lead to unexpected consequences. For example, you might learn enough about yourself that you would come to recognize that a job or relationship you were convinced was right for you has in fact contributed heavily to negative feelings; you might then decide to give up that job or relationship rather than continue to endure the emotional consequences of keeping it. In general, exploring problems may uncover painful feelings and it is important to know that this is a normal part of the growth process. One goal of therapy is to work through and resolve these underlying hurts and this requires your ongoing commitment to therapy.

Complaints. It is my hope to resolve any misunderstandings that may arise by discussing them with you. Indeed, working through such difficulties is one of the most effective ways to grow psychologically and emotionally. Nevertheless, should you have a complaint that you cannot resolve by talking with me or that you do not care to discuss with me, you have the right to call the Illinois Department of Professional Regulations to file complaint.

Alternative Services. You should know that there are many forms of mental health assistance available in Illinois and that it is perfectly appropriate to ask me about such alternatives. You also should know that you have the right to withdraw from my services at any time and that I will assist you, if you desire, with finding an appropriate referral.

Emergencies. I have a voice messaging system that can be accessed only by me. It will be checked daily if I cannot answer the phone personally. If you have an emergency and need to contact me:

1. Call the office number at 773-835-3366
2. Be sure to **leave your name and telephone number** on your message.
3. If you have not heard from me in what seems to you to be a reasonable time, please call 911 for emergency help. Or, go to any emergency room.

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