



## Outpatient Service Agreement

Welcome to Resilience & Transformation Psychotherapy Center! Since this is your first visit to our office, we hope what is written here can answer some of your questions as you seek therapy. Please let us know if you want clarification on any of the topics discussed in this outpatient service contract, or if you have any questions that are not addressed here. When you sign this document, you are stating that you understand and will adhere to the information in this outpatient service contract.

### Psychotherapy Services

We provide psychotherapy to adults, children, couples and families.

Therapy can be helpful and rewarding. It requires active involvement, honesty, and openness in order to change thoughts, emotional reactions and/or behaviors. There are benefits and risks to therapy. Potential benefits include increased healthy habits, improved communication and stability in relationships, and lessening of distress. Some potential risks include increased uncomfortable emotions as you self-explore, and changes in dynamics or communication with significant people in your life. Sometimes couples that come for therapy choose to end their relationships. Although there are many benefits to therapy, there is no guarantee of positive or intended results.

You have the right to terminate psychotherapy at any time. We encourage you to talk about your reasons for ending therapy if you decide to do so. We will provide you with referrals of other professionals if you request them.

### Payment Agreement

Payment is expected for each session at the time of service. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. We are not in network with any insurance carriers and we do not direct bill insurance for you. We will provide you with a monthly statement outlining charges and a diagnosis and procedure code so that you can submit the statement to your insurance for reimbursement.

In addition to weekly appointments, we charge for other professional services you may need. Other professional services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of treatment summaries, and the time spent performing any other service you may request of us.

### Legal and Court Related Services

We do not provide or perform evaluations for custody, visitation, or other forensic matters. Therefore, it is understood and agreed that your therapist cannot and will not provide any testimony or reports regarding issues of custody, visitation or fitness of a parent in any legal or administrative proceed.



If your therapist is contacted by an attorney regarding your treatment or treatment of your child (either at your behest or related to a legal matter you are involved in), please note the following:

We charge \$350 per hour to prepare for and/or attend any legal proceeding and for all court related services including travel time to and from the location of the proceeding.

Charges for court related services are not covered by insurance.

Court related services include: talking with attorneys, preparing and reviewing documents, traveling to court or deposition venue, attending depositions and court hearings/trials.

If our fee is not paid by the court or attorneys, you will be charged for the time we spend responding to legal matters. All fees for legal matters must be paid in advance of the legal proceeding in question.

You will be charged for any costs we incur responding to attorneys in your case, including but not limited to fees we are charged for legal consultation and representation by our attorneys.

## **Cancellations**

When you need to cancel your appointment, please provide as much advance notice as possible so that we may offer that appointment to another client. Once an appointment hour is scheduled, you will be expected to pay the full session fee, unless you provide 24 hours advance notice of cancellation.

## **Therapist Licensure**

Your therapist may be licensed as either a Licensed Professional Counselor (LPC) or a Licensed Clinical Professional Counselor (LCPC) in the State of Illinois. This entitles us to provide psychotherapy (counseling) services in Illinois. LPC's are supervised by a clinically licensed therapists contracted by Resilience & Transformation Psychotherapy Center.

## **Communication**

We are often not immediately available by telephone between sessions. Though we are usually in the office between 10 AM and 8 PM weekdays, we will not answer the phone when we are with a client. When we are unavailable, our telephone is answered by an answering service or voice mail that we monitor frequently. We will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are unable to reach us and feel that you cannot wait for us to return your call, contact your family physician or the nearest emergency room. If we will be unavailable for an extended time, we will provide you with the name of a colleague to contact, if necessary.

If you request a telephone or Internet session, or use any electronic media to communicate with us outside of our sessions, we will be held harmless for any breach of privacy or security using phone and Internet communication. This includes email communication, texts and other forms of electronic communication.



## Professional Records

Both law and the standards of our profession require that we keep appropriate treatment records. If we receive a request for information about you, you must authorize in writing that you want the requested information released.

## Confidentiality

In general, law protects the confidentiality of all communications between a client and a mental health clinician, and we can only release information to others with your written permission. However, there are exceptions, some of which may be noted below.

In judicial proceedings, if a judge orders records be released to the courts, we may have to release the records.

There are some situations in which we may be legally obligated to take action to protect others from harm, even if we have to reveal some information about a client's treatment. For example, if we believe that a child, elderly person or disabled person, is being abused or has been abused, we may need to make a report to the appropriate state agency. If we believe that a client is threatening serious bodily harm to another, we may be required to take protective actions. If the clients threaten to harm themselves, we may be obligated to seek hospitalization for them or to contact family members or others who can help provide protection.

We may occasionally consult other professionals about a case. During a consultation, we make every effort to avoid revealing the identity of our clients. The consultant is also legally bound to keep the information confidential.

Most insurance companies require that we provide them with your clinical diagnosis. Sometimes we have to provide additional clinical information, such as treatment plans, progress notes or summaries, or copies of the entire record. This information will become part of the insurance company files. 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. We will provide you with a copy of any records we submit, if you request it. **You understand that, by using your insurance, you authorize us to release such information to your insurance company.**

## Minors

Parents of clients under 12 years of age have the legal right to examine their child's treatment records. When children between the ages of 12 and 18 are seen individually, the content of these sessions is kept confidential, between therapist and child. Parents of children between 12 and 18 years of age cannot examine their child's records unless their child consents or unless we find there is no compelling reason for denying them access to those records. Parents of children between 12 and 18 years of age are entitled to information concerning their child's current physical and mental condition, diagnosis, treatment needs, services provided and services needed. If the therapist believes that the child is at imminent risk of harming himself/herself or others, the therapist will notify the parents of this concern.



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Before giving parents any information, the therapist will discuss the matter with the child, if possible, and the therapist will try to handle any objections the child may have with what the therapist is prepared to discuss with the parents. Our policy is that both parents be notified that their child is in therapy and both parents consent to therapy for the child.

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.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Client's Name: \_\_\_\_\_  
(Please print)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or guardian if under age 18)

Parent or Guardian's Name: \_\_\_\_\_  
(Please print)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or guardian if under age 18)

Parent or Guardian's Name: \_\_\_\_\_  
(Please print)