



Goldenstein Psychological Services -GPS

Intake Disclosures and Policies

Assessment Expectations

GPS conducts psychological assessments and expects you (the client) to arrive in a timely manner to complete all required interview and testing sessions. Initial therapy sessions are approximately 1-hour, initial assessment 1 to 2 hours, and testing requirements will depend on the questions/needs requested to be completed. Your provider will give you the necessary information regarding what tests will be utilized and requirements necessary to complete each test prior to scheduling the test date. Due to the time intensive nature of assessments, “no call/no shows” will be managed consistent with GPS’ policy (see “No Call/No Shows” section for further information). If your assessment is for forensic purposes, additional informed consent disclosures will also be provided.

Therapy Expectations

GPS conducts therapy and expects you (the client) to arrive in a timely manner to ensure you are provided with a complete session. Therapeutic sessions will typically consist of (90834: 45 minutes; 90837: 53 minutes) of direct contact and 5-10 minutes of paperwork and charting unless other arrangements are made based upon needs. Client tardiness impacts the amount of direct contact with your provider.

Billing

GPS will bill the appropriate insurance and social service agencies based upon pre-approved and scheduled needs. If these agencies will not reimburse GPS for the services, you (the client) will be required to provide financial reimbursement directly. The client is also responsible for providing all copay and/or coinsurance payments prior to receiving services. GPS and the client agree GPS is entitled to pursue legal action against the client to secure reimbursement if services are provided and appropriate reimbursement cannot be secured through typical billing methods. A credit card will be requested and maintained on file for all co-payments and billing needs. You will be charged the day of the service and will receive a receipt for all charges. Please contact GPS with any billing disputes.

GPS provides services for clients who choose to pay directly (i.e., “private pay/cash pay”). Payment for services will be required prior to, or at the time of, any agreed upon services. Financial Agreements will be completed as necessary according to the arrangements.

Cancellation Policy--Client

GPS respectfully requests you (the client) contact your provider as soon as possible if there is a need to change/reschedule your session. GPS’ policy is any requested change of schedule that occurs at least 24 hours prior to your scheduled service will not result in a “no call/no show.” Failure to notify your provider with at least 24 hours prior to the service may result in a “no call/no show.” Current Contact # 630-881-8388.

No Call/No Shows

GPS reserves the right to discontinue services if you (the client) fail to show and/or cancel your scheduled sessions appropriately (see Cancellation Policy-Client section for more information). Two “no call/no shows” will be the limit. Exclusions and/or further consideration for continued services will be discussed and determined on a case-by-case basis by the treating provider. GPS also reserves the right to charge a fee of \$25 for each “no call/no show,” which will need to be paid by the client directly prior to additional services. Exclusions may apply depending on the source of reimbursement for your services (e.g., county). If a patient is 20 minutes late, the session can be considered a no call/no show.

Once submitted, we’ll reach out shortly to discuss scheduling. Thank you, **GPS**
Phone: 630-881-8388 Fax: 630-882-5355 Email: ryan@drgoldenstein.com

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Cancellation Policy--Provider

From time to time, it may be necessary for your provider to cancel therapy/assessment sessions due to illness and/or unforeseen circumstances (e.g., court date, transportation difficulties, emergencies). Communication regarding the cancellation will be provided to you via a phone call to the phone number GPS has on file for you. It is your responsibility to keep your provider up to date with your most current contact information to ensure proper communication can be completed. Notice regarding any cancellation will occur as soon as any scheduling conflict is known, which may be weeks (e.g., court conflict) or only a couple hours ahead of time (e.g., emergencies, illness). All efforts to accomplish communication in a timely manner will be taken.

Phone/Email Messages Policy

Your provider may leave voicemail/email messages regarding pertinent scheduling details at the number/address you provide. Some of your personal information may be shared during the voicemail/email to highlight the purpose of the call (e.g., appointment schedule). You are responsible to inform your provider of any change of contact information and/or if you prefer information only be shared during direct contact with your provider, at which point the only voicemail/email message will be to call your provider. ***GPS does not respond or communicate via text messages. GPS does not communicate therapeutic information via email, and email communication from your provider will only relate to scheduling matters (see next paragraph for more information).*** If you would like to communicate therapeutic concerns to your provider, GPS strongly encourages placing a phone call and leaving a message identifying the concern or bringing it to your next scheduled session. If your therapeutic concern relates to suicidal ideation, self-harm, and/or a desire to harm others, you are directed to immediately contact 911 or 988 (Suicide Hotline).

Your provider utilizes paid internet security measures to ensure your protected health information is secure while within GPS's possession. Your provider is unable to ensure the security of your email accounts and/or electronic interfaces. If you elect to communicate protected health information with your provider via an unsecure email and expect responses, GPS cannot guarantee the security of the information transmitted or collected by your email provider. GPS strongly encourages you to utilize a paid security service to ensure the safety of your electronically transmitted information.

Telehealth Sessions

GPS utilizes Zoom Healthcare for a therapeutic telehealth interface. This format is HIPAA compliant and the relationship with GPS includes a Business Associates Agreement. By signing this agreement, you indicate you agree to participate in individual telehealth sessions with GPS utilizing Zoom Healthcare as the electronic interface. GPS also maintains technological security by utilizing paid internet security services for the devices utilized by GPS. As a client of GPS, you are also recommended to establish and maintain electronic/internet security via a paid service to significantly decrease the likelihood of any electronic breach. GPS is not responsible for any breach of Zoom Healthcare technology, or the information obtained due to any breach, if the breach occurred on Zoom's platform. GPS will inform you of any known or suspected breach of internet security, as soon as GPS is aware. You will inform GPS of any known or suspected breach of internet security, as soon as you are aware.

Business Hours and Services

GPS' hours of business operation are from 9a-5p; however, your therapy schedule may be outside of that timeframe. All business matters will be addressed as necessary within that timeframe, which includes, but is not limited to, responses to service requests, schedule changes, and any contact with the GPS office (i.e., phone, fax, email). The business week is Monday through Friday and please allow two business days for any non-emergent responses. Any matters relayed over the weekend will not be reviewed until Monday.

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Off-Duty Hours and Services

GPS provides “Concierge” services which include a variety of situations for which services are accomplished outside of the typical office circumstances, for existing patients. The payment for these services is always negotiated prior to service provision and will be paid directly by the requesting entity. Insurance payments will be considered as an option if the company allows the services to be conducted consistent with the client’s requested circumstances. GPS reserves the right to decline insurance payments and request direct pay if the requested services are considered to require higher reimbursement rates than those provided by the client’s insurance. If Concierge services are requested, additional disclosures and informed consent will occur based upon the requested circumstances.

Confidentiality Limitations (see also Mandated Reporter Status)

GPS does not release your records and/or information without written consent from you. Your written consent may include a Release of Information signed by you from GPS or another agency. If you are a therapy client, attempts will be made to contact you at the most current identified phone number to confirm your endorsement of any Releases of Information. If the client does not confirm the request, it will occur as written if an appropriate release is provided.

Two standard limits of confidentiality, consistent with Illinois state laws, statutes, and regulations are as follows: (1) If you chose to utilize insurance payment for your mental health services, certain information must be shared in order to obtain reimbursement (e.g., diagnosis, treatment plan). Only pertinent and necessary information will be provided; (2) If you become involved in legal matters and a signed court order is provided to GPS, you will be notified at the most current identified phone number of the order prior to any release. GPS will make all attempts to keep your protected health information confidential, which may include involving your attorney(s) for the legal matters, but ultimately a release may occur in accordance with Illinois laws and statutes and ethical psychological practice.

Other limits of confidentiality may exist due to your “legal status.” For example, providers may be required to communicate with probation officers and/or other agency individuals. You, the client, need to identify any such circumstances and a GPS Release of Information form will need to be completed prior to any communication.

Mandated Reporter Status

As a mental health professional, your provider is required by state and federal law to inform the appropriate agencies and/or individuals (e.g., police, emergency room, identified potential victim) if there is reasonable cause to believe you are an imminent danger to yourself and/or others. GPS will not take such actions against your rights to privacy and confidentiality without identifying and discussing these concerns with you prior to the release, when possible. This is not unique to GPS, as all mental health and social service professionals are legally bound to the mandated reporter status.

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Patient Bill of Rights

The provider shall display prominently on the premises of the professional practice or make available as a handout the bill of rights of clients which must include a statement that consumers of psychological services have the right:

- to expect that the provider has met the minimum qualifications of education, training, and experience required by state law for licensure;
- to examine public records maintained by the Illinois Department of Financial and Professional Regulation (**IDFPR**) that contain the credentials of the provider;
- to report complaints to the IDFPR;
- to be informed of the cost of professional services before receiving the services;
- to privacy as defined and limited by rule and law;
- to be free from being the object of unlawful discrimination while receiving psychological services;
- to have access to their records in accordance with professional standards, except as otherwise provided by law or a prior written agreement;
- to be free from exploitation for the benefit or advantage of the provider;
- to terminate services at any time, except as otherwise provided by law or court order;
- to know the intended recipients of psychological assessment results;
- to withdraw consent to release assessment results, unless that right is prohibited by law or court order or is waived by prior written agreement;
- to a non-technical description of assessment procedures; and
- to a non-technical explanation and interpretation of assessment results, unless that right is prohibited by law or court order or is waived by prior written agreement. The handout must include the psychology board's current mailing address, Web site address, and telephone number (see next section: **IL Board Info**).
- Stereotyping. The provider shall consider the client as an individual and shall not impose on the client any stereotypes of behavior, values, or roles related to human diversity.
- Misusing client relationship. The provider shall not misuse the relationship with a client due to a relationship with another individual or entity.
- Prohibiting exploitation of client. The provider shall not exploit in any manner the professional relationship with a client for the provider's emotional, financial, sexual, or personal advantage or benefit. This prohibition is extended indefinitely to former clients who are vulnerable or dependent on the provider. If a complaint is submitted to the board alleging violation of this subpart with respect to a former client, the provider has the burden of proof to demonstrate that the former client was not vulnerable or dependent.
- Sexual behavior with client. A provider shall not engage in any sexual behavior with a client, including:
 - A. sexual contact with the client; or
 - B. any physical, verbal, written, interactive, or electronic communication, conduct, or act that may be reasonably interpreted to be sexually seductive, demeaning, or harassing to the client.
- Sexual behavior with former client. The prohibitions against sexual behavior with clients established previously also apply to former clients for a period of two years following the date of the last psychological service, whether or not the provider has formally terminated the professional relationship. This prohibition is extended indefinitely for a former client who is vulnerable or dependent on the provider.

Mailing/Internet Address for the IDFPR Complaint Intake Unit:

**Department of Financial and Professional Regulation
Division of Professional Regulation
Complaint Intake Unit
555 West Monroe Street, 5th Floor
Chicago, IL 60661
Phone: 312/814-6910**

Website:

<https://idfpr.illinois.gov/admin/dpr/dprcomplaint.html>

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Your signature on this page indicates you understand and agree with the terms provided in this intake form. Your signature also indicates your agreement that your provider will disclose pertinent information (e.g., diagnosis, prognosis, treatment process) to your insurance company/social service agency as requested to secure reimbursement for the services provided by GPS. Your signature further indicates you agree you are solely and entirely responsible to maintain current insurance and contact info so GPS can facilitate billing and scheduling communication effectively. Any consequences (e.g., lack of insurance payment) resulting from outdated information are yours to remedy and GPS is entitled to payment, as well as to pursue legal action to secure reimbursement for the services provided.

Client Billing and Contact Information

*Client Name: _____ Date of Birth: _____

*Signature: _____

Briefly describe your concerns and/or treatment needs below (e.g., depression, anxiety, testing, forensics):

*Client Contact phone number: _____ Best times to connect: _____

*Client Contact Email: _____

Client Home Address: _____

Insurance Name: _____ Member ID: _____

Group: _____ Policy Primary: _____

Provider Line # (typically on back of card): _____

Credit Card Number: _____

Name on Card: _____ CVV (found on back): _____

Expiration Date: _____ Relationship to Client: _____

*Voicemail Authorized: Y N *Email Scheduling/Zoom Link Authorized: Y N

*** Indicates Required Field for Initial Phone Consult**

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