



Informed Consent and Policies and Procedures

The Therapy Process: Therapy is a collaborative process between the client and the therapist. This process varies depending on the personality of the therapist and the client as well as the presenting concerns. There are various different approaches that can be utilized to navigate through any concerns you wish to address. Psychotherapy is very different from seeing a medical doctor in that therapy requires a very active role on the client's part to change undesired thoughts, feelings, and/or behavior. Participation in therapy can yield a great number of benefits such as a reduction in feelings of distress, better relationships, and resolutions of specific problems that may have led you to seek therapy. In order to achieve the most successful results, clients are encouraged to apply and reinforce the strategies discussed during session at home.

Risks and Benefits: Your therapist will frequently ask for feedback and opinions regarding the therapy process. While there is no guarantee that psychotherapy will yield the intended results, open and honest responses will help guide your therapist toward an approach that will best meet your needs. During therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in feelings of anger, sadness, worry, guilt, fear, loneliness, etc. Your therapist may challenge some of your assumptions and perceptions, or propose different ways of looking at, thinking about, or handling situations. This approach has the possibility to cause the client to feel upset, angry, depressed, challenged, or disappointed. Clients are encouraged to discuss these feelings with their therapist. Change can sometimes be easy and brief, but it can also be more of a slow and challenging process.

Confidentiality: *All information disclosed during sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law.*

Disclosure may be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by the therapist. In couples and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among the family members, unless otherwise agreed upon. The therapist will use his or her judgment when revealing such information. Your therapist will not release records to any outside party unless he or she is authorized to do so by all adult parties who were part of the family therapy, couples therapy, or other treatment that involved more than one adult client.

There are certain situations in which your therapist is legally required to take action to protect others from harm, even though that requires revealing some information about a client's treatment. For example, if your therapist has a reasonable suspicion of child, dependent, or elder abuse, he or she is required to file a report with the appropriate state agency.

If your therapist believes that a client is threatening serious bodily harm to another, he or she is required to take protective actions, which may include notifying the police, notifying the potential victim, or seeking

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appropriate hospitalization. If a client threatens to harm him or herself, your therapist may be required to seek hospitalization for the client or to contact emergency contacts who can help provide protection.

Confidentiality and Emergency Situations: Your verbal communication and clinical records are strictly confidential except for: A) information you and your child or children report about physical or sexual abuse; then, by Illinois State Law, your therapist is obligated to report this information to the Illinois Department of Children and Family Services, B) information (diagnosis and dates of service) shared with your insurance company to process your claims, C) where you sign a release to have specific information shared, D) if you provide information that informs your therapist that you are in danger of harming yourself or others. If there is an emergency during therapy, or in the future after termination, where the therapist becomes concerned about your personal safety, the possibility of you injuring someone else, he or she will do whatever he or she can within the limits of the law to prevent you from injuring yourself or others and to ensure that you receive proper medical care. For this purpose, your therapist may also contact the person whose name you have provided on the intake sheet.

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to matters which may be of a confidential matter, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.) neither you nor your attorney(s), nor anyone else acting on your behalf will call on the therapist to testify in court or any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Consultation: Your therapist consults regularly with other professionals regarding clients; however, each client's identity remains completely anonymous and confidentiality is fully maintained.

E-Mails, Text Messages, Computers: It is important to be aware that computers and encrypted email, texts, and e-faxes communication (which are part of clinical records) can be accessed by unauthorized people and can compromise the privacy and confidentiality of such communication. Emails, texts, and e-faxes, in particular, are vulnerable to such unauthorized access due to the fact that servers or communications companies may have unlimited and direct access to all emails, texts, and e-faxes that go through them. While data on the therapist's laptop is encrypted, emails, texts, and e-faxes are not. It is always a possibility that emails, texts, and e-faxes can be sent erroneously to the wrong address and computers. Also, be aware that phone messages are transcribed and sent to the therapist via encrypted emails. Please notify the therapist if you decide to avoid or limit, in any way, the use of email, texts, cell phone calls, phone messages, or e-faxes. If you communicate confidential or private information via encrypted emails, texts, and e-faxes or via phone message, the therapist will assume that you have made an informed decision and will view it as your agreement to take the risk that such communication may be intercepted. He or she will honor your desire to communicate on such matters.

Contacting Your Therapist: Your therapist may not be immediately available by telephone. If you need to contact your therapist between sessions, please leave a message, and your call will be returned as soon as possible. Your therapist checks for messages a couple of times during the daytime only, unless he or she is out of town. If you cannot reach your therapist, and you feel that you cannot wait for a return call, you should call 911 or visit the nearest emergency room.

Payment and Insurance Reimbursement: If you have a health insurance policy, it will usually provide some coverage for mental health treatment. It is important that you find out exactly what mental health services your insurance policy covers. Most insurance agreements require you to authorize your therapist to provide a clinical diagnosis and sometimes additional clinical information such as a treatment plan or summary. This information will become part of the insurance company's files, and some of it will most likely become computerized. The therapist has no control over, or knowledge of what insurance companies do

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with the information submitted, or who has access to the information. Please be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future capacity to obtain health or life insurance. In some cases, insurance companies may share information with a national medical information data bank. The accessibility to the companies' computers or to data banks databases is always in question as computers are inherently vulnerable to hacking and unauthorized access.

As a courtesy, your therapist will bill your insurance company, provided your therapist is "in network" with your insurance plan. For "out of network" insurance plans, your therapist can provide you a copy of your receipt after each session, which you can then submit to your insurance company for reimbursement, if you so choose. An initial mental health assessment is billed at a rate of \$175. After the initial session, the rate for each session is \$150. Please note that not all issues/conditions/problems which are dealt with in psychotherapy are reimbursed by insurance companies. Clients are expected to pay the agreed upon fee or co-pay per hourly session at the end of each session unless other arrangements have been made. In the event you have not met your deductible, the full fee is due at each session until the deductible is satisfied. If a phone consultation is needed in between sessions, the cost is \$20 for 20 minutes. This fee cannot be billed to insurance. Checks and/or cash are the preferred method of payment.

Treatment Plans: Within a reasonable amount of time after the initiation of treatment, your therapist will discuss with you his or her understanding of the problem, treatment plan, therapeutic objectives, and his or her view of the possible outcomes of treatment. If you have any unanswered questions about any of the methods used during your therapy, please ask and you will be fully answered.

Cancellation and Rescheduling Policy: Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for rescheduling or cancelling an appointment. You will be charged a reduced hourly fee for sessions missed without such notification. Insurance companies do not reimburse for missed sessions. *Please see the last page of this document to sign the client acknowledgement of this policy.*

Termination: As set forth above, after the first few sessions, your therapist will assess if he or she can be of benefit to you. Your therapist does not work with clients whom he or she believes to be outside of his or her scope of practice. In such a circumstance, if appropriate, he or she will give you referrals that you can contact. If at any point during therapy your therapist assesses that he or she is not effective in helping you reach the therapeutic goals or perceived you as non-compliant or non-responsive, and if you are available and/or it is appropriate to do, he or she will discuss with you the termination of treatment and conduct pre-termination counseling. In such a case, your therapist may give you referrals to contact. If you request it and authorize it in writing, your therapist will talk to the psychotherapist of your choice in order to help the transition. You have the right to terminate therapy and communication at any time. If you choose to do so, upon your request and if appropriate and possible, your therapist will provide you with names of other qualified professionals whose services you may prefer.

I have read the above Informed Consent and Policies and Procedures for Psychotherapy Services Agreement carefully; I understand them and agree to comply with them.

Client's name (print): _____

Signature: _____ Date: _____
(Clients 12 yrs. or older)

Additional clients and/or parent or guardian if client is a minor

(Print) _____

Signature: _____ Date: _____

Therapist's name (print): _____

Signature: _____ Date: _____

- I AGREE NOT TO USE TEXTS, EMAILS, OR VOICEMAILS FOR EMERGENCIES, OR TO SHARE ANY CLINICAL INFORMATION.

_____ Date: _____
(Client's signature)