



Client-Psychotherapist Services Agreement

Version: January 2013

Welcome to Labyrinth Counseling Center. This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions that you might have so that we can discuss them at our next session. Once you sign this, it will constitute a binding agreement between us.

Psychotherapy Services: Psychotherapy is not easily described in general terms. There are a number of different approaches that can be utilized to work with the issues or challenges you hope to address. It is not like visiting a medical doctor since psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we talk about both during our sessions and at home.

Risks: Psychotherapy has both benefits and risks. Psychotherapy often requires discussing unpleasant aspects of your life. Risks sometimes include temporarily experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger and frustration, loneliness and helplessness. In some cases, these feelings may persist for extended periods.

Benefits: Psychotherapy has also been shown to have benefits for people who undertake it. Therapy often leads to a significant reduction in feelings of distress, better relationships and resolutions of specific problems. There are no guarantees about what will happen.

Sessions: Our first few sessions will involve an evaluation of your needs and your history. By the end of the evaluation, I will be able to offer you some initial impressions of what our work will include and an initial treatment plan to follow, if you decide to continue. You should evaluate this information along with your own assessment about whether you feel comfortable working with me. Therapy may involve a significant commitment of time, money and energy, so you should be very careful about the psychotherapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you to secure an appropriate consultation with another mental health professional.

If psychotherapy is initiated after the initial evaluation, we will jointly decide on a schedule of treatment, which will include regular appointments.

Cancellation Policy: Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. If it is possible, I will try to find another time to reschedule the appointment. I have voice mail on my office phone for your convenience so that you can leave a message at any time (630-305-5702). I will be negotiable on this issue when there is a true emergency.

Contacting Me: Your call is always important to me; however, I am often not immediately available by telephone since I do not answer the phone when I am with clients. When I am unavailable, my telephone is answered by a confidential voice mail system that I monitor several times a day. You can call my number (630-305-5702) to leave a message at any hour; however, I usually do not pick up messages after 9:00 p.m. I will make every effort to return your call within 24 hours. If you are difficult to reach, please leave some times when you will be available.

1770 Park St., Suite 109 • Naperville, IL 60563

630.305.5702 • Fax 630.305.5708

If you need counseling time on the phone between sessions, be sure to let me know so that I can arrange to be available. Calls over 10 minutes are billed on a prorated basis of the therapy hourly fee.

In emergencies, you can call the DuPage Crisis Line at 630-627-1700 or the emergency room at the nearest hospital and ask for the social worker on call or dial 911.

If I am on vacation, I will provide you with the name of a trusted colleague whom you can contact if necessary. The name and number of the colleague will become part of my voice mail message.

Fee Information and Schedule:

INITIAL EVALUATION: Fee is \$175.00 per 60-minute session.

INDIVIDUAL THERAPY: Fee is \$135.00 per 45-minute session.

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BEHAVIOR MODIFICATION: Fee is \$135 per 45-minute session.

FAMILY THERAPY: Fee is \$175.00 per 60-minute session.

CONSULTATION: Fee is \$100-135.00 per 50-minute individual session.

GROUP THERAPY: Fees are between \$40.00- 55.00 per group session (1.5 to 2 hours in length).

TRAVEL FEE: There is a flat rate \$5.00 fee to meet off-site, not at Labyrinth Counseling Center.

OTHER: Other professional services you may require, such as report writing, telephone conversations that last longer than 10 minutes, attendance at meetings or consultations with other professionals that you have authorized, preparation of records or counseling summaries, or the time required to perform any other service, are billed on a prorated basis of the individual therapy fee.

My fee structure is reassessed annually. Fees are kept within the usual and customary schedule.

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 which requires another arrangement. Payment schedules for other professional services will be agreed to at the time these services are requested. In circumstances of unusual financial hardship, a fee adjustment or installment payment plan may be negotiated.

To avoid collection problems, please provide a credit card number that I may use to charge any outstanding balance. If your account is more than 90 days in arrears, and suitable arrangements for payment have not been agreed to, your credit card will be charged. You will, of course, be notified of the charge on the day it is made.

If your account is 90 days in arrears, and suitable arrangements for payment have not been agreed to, legal means may be employed to secure payment, including collection agencies or small claims court. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim. In most cases, the only information released about a client's treatment would be the client's name, the nature of the services provided, and the amount due. As a client of Labyrinth Counseling Center you agree to pay all collection agency fees and any legal fees incurred as result of your past due account. An interest rate of 1.5 % per month (18% apr) will be added on all over due accounts.

Insurance Reimbursement: If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will provide you with whatever assistance I can in facilitating your receipt of the benefits to which you are entitled; including filling out forms as appropriate.

However, you, and not your insurance company, are responsible for full payment of the fee to which we have agreed. Therefore, it is very important that you find out exactly what mental health services your insurance policy covers, in addition to your deductible amount, expected co-pays and/or co-insurance. In my experience, many insurance companies do not adequately provide for psychotherapy services, so we will need to decide what will occur if your insurance benefits expire prior to your completion of therapy.

You should also be aware that most insurance agreements require you to authorize me to provide a clinical diagnosis and, sometimes, additional clinical information such as a treatment plan or summary, or in rare cases, a copy of the entire record. This information will become part of the insurance company files, and, in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, I have no control over what they do with it.

Confidentiality and Mandated Reporting: In general, law protects the confidentiality of all communications between a client and a psychotherapist, and I can only release information about our work to others with your written authorization. However, there are a few exceptions. The most common ones are listed below.

- ◆ **Child Abuse and Neglect/Elder Abuse**– There are some situations in which I am 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 I believe that a child, an elderly person, or a disabled person is being abused or neglected, then, ***I am required by law, as a mandated reporter, to make a report with the appropriate state agency.***
- ◆ **Serious Threat to Health or Safety**– If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization for my client. If a client threatens to seriously harm him/herself, I will seek hospitalization for the client, or contact family members or others who can help provide protection.
- ◆ **Judicial and Administrative Proceedings**– In most judicial proceedings, you have the right to prevent me from providing any information about your treatment. However, in some circumstances such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require my testimony if he/she determines that resolution of the issues before him/her demands it.

Consultation & Confidentiality: At Labyrinth Counseling Center, we consult with each other on a regular basis. We believe that the amount of consultation we have with each other helps us to provide services of high quality. We also may need to work within a treatment team. In other words, one client may see more than one service provider at Labyrinth Counseling Center. Therefore, given our regular consultation and treatment team approach, confidentiality is between our clients and all Labyrinth Counseling Center therapists.

I may occasionally find it helpful to consult about a case with other professionals, outside of Labyrinth Counseling Center. In these consultations, I will not reveal your name. The consultant also is legally bound to keep the information confidential.

Labyrinth Counseling Center also provides group therapy, couple and family therapy, and workshops. During the occasions when more than one client is in the room, we ask that you keep confidential whatever was discussed. Labyrinth Counseling Center cannot be held responsible if other clients or family members break confidentiality.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting.

Labyrinth Counseling Center, Inc.

1770 Park St., Suite 109 • Naperville, IL 60563

630.305.5702 • Fax 630.305.5708

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Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. This includes, as a partial summary:

- ◆ **Cancellation Policy:** 24 hour notice is necessary to avoid a charge. I understand that my insurance or EAP does not cover the cost of missed sessions.
- ◆ **Billing & Payments:** The client is ultimately responsible for payment of all fees, such as, copays, deductibles, co-insurance and non-covered services. This includes any collection agency fees (35% or more) or legal fees incurred by past due accounts. An interest rate of 1.5% per month will be added on over due accounts.
- ◆ **Fee Information:** There may be charges for phone calls over 10 minutes. and/or for additional services, such as letter writing.
- ◆ **Confidentiality:** Under the law, all therapists are mandated reporters.
- ◆ **Your Co-Pay is due at the time service** (unless other arrangements are made).

Your signature

Date

Please turn to the final page, fill it out and give to your therapist →

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- ◆ **Your Co-Pay is due at the time service** (unless other arrangements are made).

Your signature

Date

Credit Card Authorization:

I authorize Labyrinth Counseling Center to charge my credit card for any balance overdue by 90 days.

Signature

Credit Card Number

Exp. Date

Name

Please Circle One:

Master Card

VisaPrinted