

# Labyrinth Counseling & Consulting Center, LLC

## Client-Psychotherapist Services Agreement

Version: 2022(b)

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

**Psychotherapy Services:** Psychotherapy is not easily described in general terms. There are numerous therapeutic approaches, both experiential and non-experiential, that can be utilized to work with the issues or challenges you wish to address. It is not the same as visiting a medical doctor since psychotherapy requires active effort on your part. To be successful, you will work on things we discuss both during sessions and outside of sessions.

**Risks:** Psychotherapy has both benefits and risks. Psychotherapy often requires discussing life's challenging aspects and events. Risks can include temporarily experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger and frustration, loneliness, and helplessness. In some cases, these feelings may persist for longer periods of time.

**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 and healthier relationships, and resolutions of specific problems. There are no guarantees about results.

**Sessions:** Our first few sessions will involve an evaluation of your needs, goals, and history. By the end of the evaluation, I will offer some initial impressions of what our work will include and an initial treatment plan to follow, if you decide to continue. 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 it's essential to be thoughtful about the psychotherapist you select. If you have questions about my methods or suggestions, it is best to discuss them as they arise. If doubts persist, I will be happy to help you secure an appropriate consultation with another mental health professional.

If psychotherapy continues 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 to cancel. If it is possible, I will try to find another time to reschedule the appointment that week. I have voicemail on the office phone for your convenience so 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 Your Psychotherapist:** 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 voicemail system that I monitor throughout the day. You can call my number (630-305-5702) to leave a message at any time; 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. Please leave specific times you may be more available.

If you need counseling time on the phone between sessions, be sure to let me know so that I can make arrangements. 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, go to your nearest emergency room and ask for the on-call social worker, or dial 911.

When on vacation, I will provide you with a name of a trusted colleague whom you can contact as necessary.

**Fee Information and Schedule:**

INITIAL EVALUATION (90791): Fee is \$200.00 per 55 minute session.

INDIVIDUAL THERAPY (90834): Fee is \$150.00 per 38-43 minute session.

INDIVIDUAL THERAPY (90837): Fee is \$185.00 per 55 minute session.

BEHAVIOR MODIFICATION: Fee is \$185.00 per 45 minute session.

FAMILY THERAPY (90847): Fee is \$200.00 per 55 minute session.

CONSULTATION: Fee is \$130-145.00 per 50 minute meeting.

TELEHEALTH: Fees are the same as in-person rates.

GROUP THERAPY: Fees are between \$50.00 to 70.00 per group session (1.5 to 2 hours in length).

SCHOOL STAFFING: \$300

CANCELLATION FEE: Your psychotherapist requires a 24-hour notice for cancellations. If notice is less than 24 hours, the full fee for the session will be charged as a missed appointment.

LEGAL FEES: \$400 *plus* reimbursement of the fees paid by the psychotherapist for legal consultation about the case.

OTHER: Other required professional services that you authorize, such as report writing, telephone conversations (greater than 10 minutes), attendance at meetings, consultations with other professionals, preparation of records, or 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 rates in the area.

**Billing and Payments:** Payment for each session is expected at time of service, unless agreed upon otherwise. If you have insurance coverage, and your copay/coinsurance has been determined and your deductible has been met then that payment will be expected each time. 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 receive services at Labyrinth Counseling & Consulting Center, it is **required** that you provide credit card information to be kept on file during the time your services are rendered.

If your account is over 30 days delinquent and suitable arrangements for payment have not been made, 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, 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 overdue accounts.

**Insurance Reimbursement:** If you have a health insurance policy, it may 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. We work with a medical billing company, Compliance Medical Billing, who files your claims with your insurance company. Ultimately, you, and not your insurance company, are responsible for full payment of the fee to which we have agreed. Therefore, it is important that you find out what mental health services your insurance policy covers, in addition to your deductible amount, there usually are co-pays and/or co-insurance that are your responsibility.

It is important to be aware that insurance companies require you to authorize my services 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 & Consulting Center, we consult with each other on a regular basis. We believe that consultation with each other aids us in providing services of higher quality. Also, the client and psychotherapist may want to work within a treatment team. In other words, one client may see more than one service provider at Labyrinth Counseling & Consulting Center. Therefore, given Labyrinth's psychotherapists regular consultation and treatment team approach, confidentiality is between our clients and psychotherapists here at the Center.

Occasionally, I may find it helpful to consult with other professionals, outside of Labyrinth Counseling & Consulting Center. In these consultations, I do not reveal your name. The consultant is legally bound to keep the information confidential.

Labyrinth Counseling & Consulting 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. The 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 issues, it is important that we discuss any questions or concerns you have.

# Labyrinth Counseling & Consulting Center, LLC

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630.305.5702 • Fax 630.305.5708

## Client-Psychotherapist Services Agreement

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

- ◆ **Confidentiality:** Under the law, all psychotherapists are mandated reporters.
- ◆ **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.
- ◆ **Fee Information:** There may be charges for phone calls over 10 minutes and/or for additional services, such as letter or report writing.
- ◆ **Co-Pay/Co-insurance is due at time of service** (unless other arrangements are made).
- ◆ **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 overdue accounts.

Coverage of therapy sessions via Telehealth depends on your insurance policy. It is recommended that you verify this benefit if you plan on using this delivery method.

To receive services through Labyrinth Counseling & Consulting Center it is required that you keep an updated credit card on file with your therapist. (*See form below.*)

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

### ***Credit Card Information and Authorization:*** (*most major credit cards are accepted*)

To receive services through Labyrinth Counseling & Consulting Center it is required that you keep an updated credit card on file with your therapist.

*I authorize Labyrinth Counseling & Consulting Center, LLC to charge my credit card for any balance.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
CVV