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WELCOME TO MY PRACTICE

Thank you for choosing me as your therapist. I am looking forward to our work together and providing you with assistance.

This registration packet contains information for you as you begin treatment. There are several documents included.

1. Client Agreement: Please read this document carefully (no need to print it out). It reviews my office practices and policies.

2. Notification of Privacy Practices: Please read this document carefully (no need to print it out). It addresses the privacy of your records.

Please read through the Client Agreement and the Notification of Privacy Practices below. After doing so, download the second file, Client Forms. This is the paperwork to complete to become a client with my counseling practice. Please complete all six forms: the Signature Form (which is your official consent for treatment), the Client Information Form, the Late Cancellation and Missed Appointment Policy Form, the Authorization To Charge Credit/Debit Card Form, the Client History Form, and the Symptom Checklist. Please bring all paperwork to your first appointment in the office.

I appreciate your willingness to do this paperwork before we meet. It allows us to start our first session immediately with an evaluation of your problems and needs. If you have any questions, feel free to call. Otherwise, I am looking forward to meeting you in person soon.

1. CLIENT AGREEMENT (Policy & Procedures)

Welcome to my practice. This document (the Client Agreement) contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new client rights with regard to the use and disclosure of your Protected Health Information (PHI) used to the purpose of treatment, payment and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of the session. Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us.

PSYCHOTHERAPY

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular problems you are experiencing. There are many different methods I may use to deal with the problems you hope to address. Psychotherapy is somewhat like a medical doctor visit in which it calls for a very active effort on your part. In order for the therapy (or course of your medical treatment) to be most successful, you will have to work on things we talk about during our sessions as well as on your own between sessions.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like anxiety, sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But, there are no guarantees of what you will experience.

Our initial sessions will involve an evaluation of your child's needs (or your own or your family's). By the end of the evaluation, I will be able to offer you my impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel

comfortable working with me. Therapy involves a commitment of time, money and energy, so you should be very careful about the therapist you ultimately select. If you have questions about my procedures, we should discuss them whenever they arise. If doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS

I normally conduct an evaluation that will last about one to two sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule a 45 to 50-minute session on a frequency that will best promote improvement. Once an appointment is scheduled, you will be expected to pay for it unless you provide at least a minimum of 24 hours advance notice that you are cancelling so that I may offer the appointment to someone else. **Appointments not cancelled at least 24 hours in advance will be billed $75.00 to the client and cannot be billed to, nor reimbursed by your insurance.**

PROFESSIONAL FEES

My psychotherapy fee is for a 45 to 50 minute session. In addition to the sessions, I charge for other professional services you may need. These typically include report writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other services you may request of me.

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge a separate fee per hour for preparation and attendance at any legal proceeding. As a matter of practice I generally do not get involved in court cases, custody disputes or other legal proceedings. This is primarily due to the therapeutic nature of my relationship with your child and the trust that it can destroy in this relationship when I am forced to disclose things that your child has disclosed to me in sessions or to offer my expert opinion. I would be happy to help you with finding court appointed therapists or custody evaluators for this purpose if need be.

BILLING AND PAYMENTS

You will be expected to pay in full for each session at the time it is held. You will be provided with all the required documentation to file claims with your insurance company. For insurance companies that I am in-network with, my account representative will bill your insurance on your behalf for their portion; however, any deductibles, co-pays and/or applicable fees are **due at the time of your office visit**. I accept payment by, checks, credit/debit cards (Visa, MasterCard, American Express and Discover) or cash (exact only as I do not have the ability to make change).

In the event of a returned check due to insufficient funds, there will be a $25.00 charge plus any incurred bank fees that will be added to your account. From then on, only credit/debit cards or cash will be accepted. Outstanding balances may not exceed the charges for two sessions for the continuation of ongoing services. If your account has not been paid for in more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure payment. This may involve hiring a collection agency. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

TELEPHONE CONTACT

I understand that there may be reasons why you may need to contact me outside of session times, but due to my work schedule I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voice mail. I will make every effort to return your call on the same day you place it. This may not include weekends or holidays. It has been my experience that most issues will be able to be dealt with in your weekly scheduled session and I can reserve time to check in with you in the session to address your concerns about your child. **However, if you have an emergency that cannot reasonably wait until the end of the business day, you are urged to call 911 or go to the nearest emergency room.** If I will be unavailable for an extended period of time, I will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records for a charge, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents or have them forwarded directly to another health professional with an appropriately completed authorization form.

MINORS AND THERAPY
Clients under 12 years of age and their parents should be aware that Illinois law allows parents to examine their child's treatment records. Parents of children between 12 and 18 years old cannot examine their child's records unless the child consents and unless I find that there are no compelling reasons for denying access. Parents are entitled to information concerning their child's current physical and mental condition, diagnosis, treatment needs, services provided, and services needed.

Prior to beginning treatment with a child/minor, it is important for you to also understand my approach to child therapy and agree to some rules about your child's confidentiality during the course of his/her treatment. Therapy is most effective when a trusting relationship exists between the therapist and client. It is often necessary for children to develop a "zone of privacy" whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy.

It is my policy to provide you with information about treatment status. However, I will not always share with you what your child has disclosed to me without your child's consent. I will tell you if your child does not attend sessions.

If your child is an adolescent, it is possible that he/she will reveal sensitive information regarding sexual contact, alcohol and drug use, or other potentially problematic behaviors. Sometimes these behaviors are within the range of normal adolescent experimentation, but other times they may require parental intervention. We must carefully and directly discuss your feelings and opinions regarding acceptable behavior. If I ever believe that your child is at serious risk of harming him/herself or another, I will inform you.

Although my responsibility to your child may require my involvement in conflicts between the two of you, I need your agreement that my involvement will be strictly limited to that which will benefit your child.

LIMITS ON CONFIDENTIALITY
The law protects the privacy of all communications between a client and a therapist. In most situations, I can only release information about your (or your child's) treatment to others if you sign a written Authorization form. However, authorization is not required in situations in which I am legally obligated to act:

- If I have reasonable cause to believe that a child under 18 known to me in my professional capacity may be an abused or neglected child, Illinois law requires that I file a report with the office of the Department of Children and Family Services.

- If your child has made a specific threat of violence against another or if I believe that he/she presents a clear, imminent risk of serious physical harm to another, I may be required to disclose information in order to take protective actions. These actions may include notifying the potential victim, contacting the police or seeking hospitalization.

- If I believe that your child presents a clear, imminent risk of serious physical or mental injury or death to himself/herself, I may be required to disclose information in order to take protective actions. These actions may include seeking hospitalization or contacting additional family members or professionals to assist you in protecting your child. If such a situation arises, I will make every effort to discuss it with you before taking any action, as appropriate, and I will limit my disclosure to what is necessary.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

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.

2. NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

MY COMMITMENT TO YOUR PRIVACY

My practice is dedicated to maintaining the privacy of your personal health information (PHI) as part of providing professional care. I am also required by law to keep your information private. These laws are complicated, but I must give you this information. A copy of this document is also available upon request. Please contact me about any questions or problems you may have.

For treatment

I use your medical information to provide you with psychological treatment services. These might include individual, family, or group therapy, treatment planning, or measuring the benefits of my services.

I may share or disclose your PHI to others who provide treatment to you. For example, I am likely to share your information with your personal physician if you provide consent. If a team is treating you, they can share some of your PHI with me so that the services you receive will be able to work together. If you receive treatment in the future from other professionals, I can also share your PHI with them with your permission.

For payment

I may use your information to bill you or others so I can be paid for the treatments I provide to you.

Your health care operations

There are a few ways I may use or disclose your PHI for what are called health care operations. For example, I may use your PHI to see where I can make improvements in the care and services I provide.

Other uses in health care

Appointment reminders. I may use and disclose medical information to reschedule or remind you of appointments for treatment or other care. If you want me to call or write to you only at your home or your work or prefer some other way to reach you, I usually can arrange that. Just tell me.

Treatment alternatives. I may use and disclose your PHI to tell you about or recommend possible treatment or alternatives that may be of help to you.

Other benefits and services. I may use your PHI to tell you about health-related benefits or services that may be of interest to you.

Business associates. There are some jobs that I may hire other businesses to do for me. In the law, they are called business associates. Examples include a telephone answering service, software vendors and a bill collection agency. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy they will agree in their contract with me to safeguard your information.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

If I want to use your information for any purpose beside those described above, I need your permission on an Authorization form. I don't expect to need this often.

If you do authorize me to disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. After that time I will not use or disclose your information for the purposes that we agreed to. Of course, I cannot take back any information I have disclosed with your permission or that we had used in our office.

Of course, I will keep your health information private, but there are some times when the law requires me to use or share it. For example:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. I will only share information with a person or organization that is able to help prevent or reduce the threat.
2. Some lawsuits and legal or court proceedings.
3. If a law enforcement official requires me to do so.
4. For workers Compensation and similar benefit programs.
5. When I receive information about abuse or neglect of a child, disabled adult, or person over age 60.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home and not at work, to schedule or cancel an appointment. I will try my best to do as you ask.
2. You have the right to ask me to limit what I tell people involved in your care or the payment for your care, such as family members, and friends. While I don't necessarily have to agree to your request, if I do agree, I will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at health information I have about you, such as your medical or billing records. You can even get a copy of these records, but I may charge you.
4. If you believe the information in your records is incorrect or missing important information, you can ask me to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to me. You must tell me the reasons you want to make changes.
5. Upon written request, you may obtain an accounting of certain disclosures of PHI made by me during any period of time prior to the date of your request provided such period does not exceed six years.
6. You have a right to a copy of this notice. If I change this NPP, I will provide you with a revised copy.
7. If you need more information or have questions about the privacy practices described above, please contact me. If you have a problem with how your PHI has been handled or if you believe your privacy right have been violated, contact me as well. You have the right to file a complaint with me and the Secretary of the Federal Department of Health and Human Services. I promise that I will not in any way limit your care here or take any actions against you if you complain.