

## INFORMED CONSENT

Welcome to my psychotherapy practice. The following information is provided to help you become acquainted with my practice policies. Please review this information and sign on the Signature Page. I will gladly discuss any of these items with you.

### Professional Services

Effective psychotherapy requires a good match between client and therapist. Should we determine after the first few sessions that I am not the best therapist for you, I will provide a referral to a therapist or therapists that I feel may be a better match.

I am a Licensed Clinical Social Worker (LCSW) and practice psychotherapy and supportive counseling with adults. I hold a Bachelor's Degree in Psychology and a Master's Degree in Social Work and am licensed by the State of Illinois to practice therapy. I am a member of the National Association of Social Workers as well as the Academy of Certified Social Workers (ACSW).

### Treatment

People begin therapy for any number of reasons. I assume you wish to make changes in some area(s) of your life and we will work together to establish mutually agreed upon goals for treatment. While my desire is to help you achieve these changes, I cannot guarantee a particular result.

There are both benefits and side effects associated with psychotherapy. Initial benefits of treatment may include a lessening of symptoms and an increased sense of well-being. During the therapeutic process you may experience intense and unwanted feelings, including sadness, anger, guilt, fear, or anxiety. These feelings are often a natural part of the healing process. We will work together to find ways of using these emotions in ways that help you move toward your therapeutic goals.

Because biological factors can contribute to psychological distress, and because I practice from an integrative, whole-person perspective, I will at times ask about your diet, exercise and sleep habits, and health. In some cases, medical assessment and intervention are helpful and/or necessary.

### Appointments and Cancellations

Appointments last 53-60 minutes in length (and occasionally 40-45 minutes in length) and occur once per week. Since an appointment time is reserved for you only, it is important that this appointment be kept or appropriate notice of cancellation given. To receive the full benefit of psychotherapy, it is important to attend sessions regularly. If you are unable to keep your scheduled appointment, I ask that you notify me **at least 24 hours in advance**. **Appointments not cancelled with 24 hours' notice and no-shows may be billed at the flat rate of \$100.** These charges are *not* covered by insurance.

Discontinuation of services may be initiated by either of us or by mutual consent.

Revised January 2024

## Fee

My fee is \$140.00 for a 53-60 minute session and \$130 for a 40-45 minute session. Initial assessment is \$160. **Full payment (insurance co-pay or session fee if paying privately) is due at the time services are rendered.**

## Insurance

I am in-network with **Blue Cross Blue Shield PPO; Blue Cross Blue Shield Blue Choice;** and **Aetna PPO** and will bill BC/BS and Aetna for services. Please be advised that depending on your plan, you may be responsible for session fees until your deductible has been met in addition to your plan's predetermined co-pay. **You are responsible for any portion not covered by your insurance.** If you use out of network benefits for any other insurance company, I require payment at the time services are rendered and I will provide you with a billing statement that includes all the information required by most insurance carriers to file for reimbursement. Please contact your insurance company to inquire about the extent and provisions of your policy.

## Medication, Referral, and Hospitalization

If medication is indicated as part of your treatment, you and I will discuss various referral options. If referral to a specialist is necessary, I will collaborate with him/her to supplement or replace our therapeutic work as needed. In some circumstances a higher level of care may be required. If this should become necessary, you and I will discuss the need for more intensive care.

## Privacy and Confidentiality

I am bound by the Code of Ethics of my profession to hold in confidence all that is disclosed during your sessions with me, including the fact that you met with me. If you would like certain information to be provided to a third party, you must complete a written release of information. Legal exceptions to the general rule of confidentiality require me to release information in the following situations:

- When I have reason to believe that there is a clear and imminent threat of you harming yourself or another person. To protect you or others from harm, I am required by law to disclose information or take other actions to protect you or another person from physical harm. Protective actions may include contacting the police or seeking hospitalization for you.
- When I have reason to believe that child abuse, elder abuse, or abuse of a disabled person has occurred, the State of Illinois requires that it be reported to the appropriate state agencies.
- When a court issues a legitimate subpoena and the court determines that confidentiality is not privileged.
- When you are seeking third party reimbursement for mental health services, the third party payer has the right to request information for the determination of your eligibility for payment. **Your signature on the Signature Page gives me consent to disclose dates of treatment, type of treatment, and the nature of the issues being treated, including a diagnosis.**

If any of the above situations occur, I will make every effort to fully discuss it with you before taking any action.

## Emergencies

I am unable to provide emergency services. If you are experiencing a mental health emergency, please call 911 or go to the nearest emergency room for consultation and evaluation.

Revised January 2024

**Email**

Email can be helpful when communicating about general topics, e.g., appointment confirmation. However, since email is not confidential communication, I ask that you **not** email me about content related to therapy sessions. Please also note that any emails between us must become a part of your legal record.

**Social Media**

As a professional clinical social worker bound by the Code of Ethics of the National Association of Social Workers, I am unable to engage in personal communications and networking with past and current clients. The purpose of this is to protect your privacy and the confidential nature of our work together.

**Consultation**

Consultation is a standard and ethical part of high quality mental health practice. I periodically consult with other experienced licensed mental health professionals regarding my clients' treatment. During this consultation I share limited information and avoid revealing client identity. The consultant is also bound to keep the information confidential.

Revised January 2024