

# *Chicago Counseling Center, Inc.*

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Dear New Client,

Please read the following information regarding the professional services and business policies for Chicago Counseling Center, Inc., prior to your first session. We can review this information and address any questions you might have at our initial session.

All of this information is available on the website, [www.ChicagoCounselingCenter.com](http://www.ChicagoCounselingCenter.com), for you to review at any time. You are free to print out a copy of it as well.

I look forward to meeting you.

Thank you,

Taylor Newendorp, M.A., LCPC

## Practice and Payment Policies

### Length of Sessions

All sessions are 55-60 minutes in length, although a longer session may be scheduled if needed.

### Insurance

I accept Blue Cross Blue Shield of Illinois PPO, Aetna PPO, and Cigna Behavioral Health plans. For all other insurance providers I would be considered an “out-of-network” provider. It is your responsibility to ensure that you are covered. We can discuss how to ensure this if it would be helpful during your initial session. You will be charged if your insurance does not pay your bill as you expected.

### Rates

My regular session rate for an initial intake session is \$160. My session rate for an individual therapy session is \$140 for a 55-60 minute session, or determined by your health insurance.

In addition to your weekly appointments, I charge for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 5 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

### Means of Payment

I accept cash, check, or credit card.

I do ask that you keep a credit card on file with me for billing purposes. I accept Visa and Mastercard debit cards, as well as Visa and Mastercard credit cards. You may pay for your sessions including co-payments, deductibles or any amount that is not covered by your insurance, with whichever method you choose. However, due to the billing system I use, your credit card will be charged automatically for sessions that are cancelled with less than 24-hours notice, missed sessions, and any amount that is not paid within 15 days of receiving an invoice. Any charges will show up on your statement as “Chicago Counseling Center, Inc.”

### Time of Payment

Fees or copayments are due at the time of the appointment. Because I expect all payment at the time of our meetings, I usually do not send bills. However, if we have agreed that I will bill you, I ask that the bill be paid within 30 days of when you receive it.

### Receipts

If you would like a receipt, please let me know. I will print out or e-mail you a receipt on a monthly basis, upon request.

### Cancellation Policy and Fee

If you cancel a session with less than 24-hours advance notice, I will charge you your regular session rate for the missed appointment. *Your insurance will not cover this charge.* Cancellations for a Monday appointment should be made no later than Friday afternoon. Do not cancel appointments by email; please call to cancel appointments instead. If you have a crisis or illness and can't attend your appointment, call me and we will discuss it.

### No-show Fee

If you do not show up for your appointment and do not call, I will charge you your regular session rate. *Your insurance will not cover this charge.* We cannot schedule another appointment until that fee is paid.

**Non-payment of Fee**

If you have not paid your counseling fees and do not respond to my attempts to contact you and work out a payment plan, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. By coming to see me, you agree to this policy.

*A late fee of 20% of the unpaid balance will be charged each month that a balance remains unpaid.*

**Phone Contact and Emergencies**

I am often not immediately available by telephone. You can always leave a message on my voicemail and I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you leave me a message on a Saturday or a Sunday, I will return your call on Monday.

If you are unable to reach me and feel that you are in crisis and/or cannot wait for me to return your call, contact your physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. *If you are experiencing a life-threatening situation of any kind—including thoughts of suicide—call 911 or go to your nearest hospital emergency room.*

If I know that I will be unavailable for an extended period of time, I will provide you with the name of a colleague to contact, if necessary.

**E-mail**

Please feel free to communicate with me by e-mail. My e-mail address is Taylor@ChicagoCounselingCenter.com. I check my e-mail at least once a day, but if your matter needs more timely attention, please call instead. I will do my best to assure your confidentiality through e-mail, but due to viruses, hackers, etc., *no e-mail correspondence can be guaranteed to be confidential.* Do not send any information that you would consider to be sensitive information through e-mail.

## Confidentiality Information

I take every reasonable precaution to ensure that the information you share with me remains confidential. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a “release-of-records” form before I can talk about you or send my records about you to anyone else. In all but a few rare situations, your confidentiality is protected by federal and state laws and by the rules of my profession.

### Insurance

If you use your health insurance to pay a part of my fees, insurance companies require some information about our therapy. Insurers such as Blue Cross/Blue Shield may ask for information about you and your symptoms, as well as a detailed treatment plan. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company will need to pay your benefits.

### Legal Limitations to Confidentiality

You have the right to ask that your information not be shared with family members or others, and I can agree to that limitation. If you are a minor, there may be some information I need to share with your parents or guardians but I will discuss those matters with you before I talk to your parents or guardians. You can also tell me if you want me to send mail or phone you at a more private address or number than your home or workplace. If this is of concern to you, please tell me so that we can make arrangements.

You have the right to keep what you tell me private. Generally, no one will learn of our work without your written permission. *However, there are some situations in which I am required by law to break our confidentiality:*

- A. If I come to believe that you are threatening serious harm to another person, I am required to try to protect that person. I may have to tell the person and the police, or perhaps try to have you put in a hospital.
- B. If you seriously threaten or act in a way that is very likely to harm yourself, I may have to seek a hospital for you, or to call on your family members or others who can help keep you safe. If such a situation does come up, I will fully discuss the situation with you before I do anything, unless there is a very strong reason not to.
- C. In an emergency where your life or health is in danger, and I cannot get your consent, I may give another professional some information to protect your life. I will try to get your permission first, and I will discuss this with you as soon as possible afterwards.
- D. If I believe or suspect that you are abusing a child or an elderly person, I must file a report with a state agency. To “abuse” means to neglect, hurt, or sexually molest another person. I do not have any legal power to investigate the situation to find out all the facts. The state agency will investigate. If this might be your situation, we should discuss the legal aspects in detail before you tell me anything about these topics. You may also want to talk to your lawyer.
- E. If a court orders me to testify about you, I must do so.
- F. If I am testing or treating you under a court order, I must report my findings to the court.

### Minors

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only general information about our work together; unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a

summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

### **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, 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. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

### **Sending Your Records Out**

If you want me to send information about our therapy to someone else, you must sign a “release-of-information” form. I have copies that you can see, so you will know what is involved. If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a release form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask me.

### **Professional Consultation**

I may occasionally find it helpful to consult other professional about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential.

### **Back-Up Therapeutic Coverage**

If I am away from the office for an extended period of time, I can have a trusted fellow therapist “cover” for me at your request. This therapist will be available to you in emergencies. Therefore, he or she may need to know about you. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality.

### **Professional Educational Use of Case Materials**

As a therapist, I naturally want to know more about how therapy helps people. I would be grateful for your consent to use your case material in my other professional activities. Your material may help in the development of the mental health field or in the training of health care workers. It is possible that I may use some details about your treatment in teaching, supervision, consultation with other therapists, publishing, or scientific research. For these purposes, I would use clinical or case notes that I have taken during or after our sessions. You would not get any financial benefit from this. When I use information from my therapy work, I do not want anyone who hears, reads, or sees it to be able to identify the clients involved. Therefore, I conceal your identity by removing or changing all identifying information. In particular, I would not use your real name, or even a detailed description of you, in any presentation, article or book. In fact, I will change specifics about you so that no one will be able to recognize you. If you do not agree to the uses of case materials as indicated, you will not be penalized in any way, and it will not affect the care you receive in any way. You may draw an X through this section on the signature page if you do not want your case materials used in this way.

### **Legal Consultation**

The laws and rules on confidentiality are complicated. Please bear in mind that I am not able to give you legal advice. Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing me, I may then be ordered to show the court my records. If you have special or unusual concerns, such as these, and so need special advice, I strongly suggest that you talk to a lawyer about these concerns.