

## **Psychotherapist-Client Services Agreement**

Welcome to Modify PC. This Document contains important information about our professional services and business practices. Please read it carefully and feel free to discuss any questions you have with your therapist. This document is available in larger print upon request.

### The Therapy Process

Therapy is a collaborative process where you and your Provider will work together on equal footing to achieve defined goals. This means that you will follow a defined process supported by scientific evidence, where you and your Provider have specific rights and responsibilities. Therapy generally shows positive outcomes for individuals who follow the process. Better outcomes are often associated with a good relationship between a client and their Provider. To foster the best possible relationship, it is important you understand as much about the process before deciding to commit.

As you begin therapy, it is important to understand Modify's policies and procedures, grasp fees, identify emergency contacts, and decide if you want health insurance to pay your fees depending on your plan's benefits. It is helpful to discuss with your provider what to expect during therapy, including the type of therapy, the length of treatment, and the risks and benefits. If your Provider is practicing under the supervision of another professional, your Provider will tell you about their supervision and the name of the supervising professional. You will form a treatment plan, including the type of therapy, how often you will attend therapy, your short- and long-term goals, and the steps you will take to achieve them. Over time, you and your Provider may edit your treatment plan to be sure it describes your goals and steps you need to take. After intake, you will attend regular therapy sessions at your Provider's office or through video, called telehealth. Participation in therapy is voluntary - you can stop at any time. Upon achieving your goals, you will review your progress, identify supports that will help maintain your progress, and discuss how to return to therapy should you need additional support in the future. If during the course of therapy, you have any questions about the nature of your therapy or about your billing statement, please ask.

#### **Risk and Benefits of Therapy**

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness because the process of psychotherapy often requires discussing unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness, and insight, increased skills for managing stress and resolutions to specific problems. It requires active involvement, honesty, and openness in order to change thoughts, emotional reactions and/or behaviors. To be most successful, you will have to work on things discussed outside of sessions. Although there are many benefits to therapy, there is no guarantee of positive or intended results.

## **Minor's Treatment**

Parental Consent and Confidentiality- Therapy is most effective when a trusting relationship exists between your child and their therapist. Privacy is especially important in earning and keeping that trust. As a result, it is important for your child to have a "zone of privacy" where they feel free to discuss personal matters without fear that their thoughts and feelings will be communicated to their parents. This is true for all children and particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. This "zone of privacy" is even more important in legal cases involving custody, parental responsibility, visitation, child support and maintenance. Parents acknowledge that any attempt by them or their attorneys to obtain their child's mental health records or the therapist's testimony will adversely affect their child's mental health and wellbeing, along with injuring the therapeutic alliance between their child and the therapist. Clients under 12 years of age and their parents should be aware that the law allows parents to examine their child's treatment records. When children who are at least 12 but under 18 years old are seen individually, the content of these sessions is kept confidential between your child and their therapist. Parents of children who are at least 12 but under 18 years old cannot examine their child's records unless the child consents or unless your child's therapist finds there is no compelling reason for denying them access to those records. Regardless of consent from children who are at least 12 but under 18 years old, parents are always entitled to information concerning their child's: current physical and mental condition, diagnosis, treatment needs, services provided, and services needed, including medication, if any. Remember, parents are not the patients. The patients are the children. Accordingly, parents' verbal and written communications with therapists are not confidential. All communications between a parent and the therapist will be shared with the other parent. If your child's therapist believes that your child is at imminent risk of harming himself/herself or others, the therapist will notify the parents of this concern. Before giving parents any information, the therapist will discuss the matter with the child, if possible, and the therapist will try to handle any objections a child may have with what the therapist is prepared to discuss with the parents.

## **Contacting Therapists and Emergencies**

Modify is considered to be an outpatient facility, therapists are not immediately available by telephone. Calls are answered by a confidential voice mail system and will generally be returned within 24-48 business hours.

If you or your child/family member is having a mental health emergency that may require immediate medical

attention please call the nearest hospital or call 911.

\*Linden Oaks Hospital, Naperville, IL (630) 305-5027 \*Provena Mercy Hospital, Aurora, IL (630) 801-2657

## **Obtaining Medication History**

Medication history serves as a valuable guide for our therapists and prescribing psychologists to support treatment planning and medication management. By signing this service agreement you agree to allow your healthcare provider to obtain and review your medication history from pharmacies, or other health care providers for the purpose of enhancing your care

### **Telehealth Services**

To use telehealth, you need an internet connection and a device with a camera for video. Your Provider can explain how to log in and use any features on the telehealth platform. If telehealth is not a good fit for you, your Provider will recommend a different option. There are some risks and benefits to using telehealth:

#### Risks

• Privacy and Confidentiality. You may be asked to share personal information within the telehealth platform to create an account, such as your name, date of birth, location, and contact information. Your Provider uses a HIPAA compliant platform to ensure your information is secured to the appropriate standards.

• Technology. At times, you could have problems with your internet, video, or sound. If you have issues during a session, your Provider will follow the backup plan that you agree to prior to sessions.

• Crisis Management. It may be difficult for your Provider to provide immediate support during an emergency or crisis. You and your Provider will develop a plan for emergencies or crises, such as choosing a local emergency contact, creating a communication plan, and making a list of local support, emergency, and crisis services.

#### Benefits

• Flexibility. You can attend therapy wherever is convenient for you.

• Ease of Access. You can attend telehealth sessions without worrying about traveling, meaning you can schedule less time per session and can attend therapy during inclement weather or illness.

#### Recommendations

• You should be in a private location making sure that other people cannot hear your conversation or see your screen during sessions.

• Do not use video or audio to record your session.

• You must be located in the state of Illinois for your telehealth session unless your Provider has obtained additional licenses or contracts for other states. Be sure to let your Provider know if you are not in your usual location before starting any telehealth session.

## Communication

\*Cell phones- It is important that you know that cell phones may not be completely secure and confidential if you choose this option for telehealth services.

**\*Text messages/Emails-** Text messaging and emailing are not secure means of communication and may compromise your confidentiality. We do realize that many people prefer to text and/or email for quick and convenient communication. It is our policy that NO clinical information is to be communicated to your provider via text or email. Please limit this communication to scheduling and rescheduling an appointment, or other non-personal, non-clinical information. Please also be advised we are required to keep a copy of all emails and texts as part of your medical record.

**\*Social Media Policy**- At Modify, we value maintaining a strong connection with the community and sharing valuable updates and information via our social media channels such as Facebook, LinkedIn, Instagram and others. We welcome you to follow our pages for business updates and general information. If you choose to interact such as commenting or like a post, be aware that this activity is visible to the general public and may compromise your confidentiality. To insure confidentiality and maintain the ethical integrity of the therapeutic relationship, it is our policy not to accept friend or connection requests from current or former clients on any social media platform. In order to maintain professional boundaries, it is our policy that clients do not engage with their therapist through any personal social media platforms.

#### **Record Keeping**

Your Provider is required to keep records about your treatment. These records help ensure the quality and continuity of your care, as well as provide evidence that the services you receive meet the appropriate standards of care. Your records are maintained in an electronic health record provided by Therapy Notes. TherapyNotes has several safety features to protect your personal information, including advanced encryption techniques to make your personal information difficult to decode, firewalls to prevent unauthorized access, and a team of professionals monitoring the system for suspicious activity.

## **Professional Records**

The laws and standards of the profession require that treatment records be kept. You are entitled to receive a copy of your records or a summary can be prepared if you request this in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, it is recommended that you review them in the presence of your clinician so that you can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests (please see Professional Fees section above).

## Fees and Insurance Information

We do accept insurance as a form of payment. To see if we are a provider for your insurance, please contact the office or call the customer service number on the back of your insurance card. As a courtesy, we will bill your insurance for you. We provide an estimate of fees based on information provided by your insurance carrier. However, you are ultimately responsible for any amounts incurred, and having insurance does not release you from this obligation. It is your responsibility to maintain a copy of your current insurance card and information on file with the office. Incorrect/missing insurance information may result in payment delays and/or claim denials which could increase your out-of-pocket cost. Payment for therapy/counseling services are expected on the date services are rendered, unless other arrangements are made in advance. You will be expected to pay any copays and deductible and/or coinsurance due on that date (when that amount is able to be determined). We require a credit card on file in order to process your cost share for services. It is your responsibility as the patient to ensure that we have all current personal and insurance information on file including but not limited to your current address, phone number, and insurance information (provider, ID/Group #). Failure to maintain current contact information with the office does not release you from your obligation. We are "in-network" to the following health insurance companies: BCBSIL PPO and Medicare. For all in-network patients, our fees are the contracted rate we have with each insurance company. Payment is due at the time that services are rendered. Our office reserves the option to increase fees in accordance with industry standards practices. If you have a financial hardship, please notify your provider to discuss options.

## Self-Pay Clients and Out of Network Clients

Self-pay rates and Out of Network cost of sessions will vary depending on a variety of factors, including service type, service provider, and time spent in session. Your provider will be able to give you a breakdown in cost per session depending on the criteria listed above. Self-paying clients and out-of-network clients are expected to pay their fees at the time services are rendered. Clients will receive a statement periodically reflecting any balance due on their account, either in paper copy or via email when we are granted permission to do so. This office will not accept responsibility for collecting insurance claims or for negotiating a settlement on a disputed claim. Clients and parents/guardians of minor clients are responsible for payment (and insurance claims) on their accounts. Accounts become delinquent after thirty (30) days. Delinquent accounts may be turned over for collection at the responsible party's expense.

All clients are encouraged to ask any questions they might have about our fees.

## **Missed or Late Appointment Cancellations**

Please contact us 24 hours in advance if you need to cancel your appointment. Missed or late appointment cancellation fees are NOT reimbursed by insurance companies.

#### \*You will be billed \$100 for any failed/missed in-person or telehealth appointments. \*You will be billed \$100 for a late cancellation, (less than 24hr notice).

## **Professional Fees**

When professional services are needed outside of the clinical session, the charges will be prorated in 15-minute increments for periods of less than one hour. The fee assessed is dependent on the clinician being seen: for Master-Level clinicians the fee is \$150 (\$37.50 per 15-minute increments) and for Doctoral-Level clinicians the fee is \$175 (\$43.75 per 15-minute increments). Professional services include written correspondence, telephone conversations, attendance at meetings, IEP's or with other professionals you have authorized, preparation of records or treatment summaries for release, and the time spent performing and other service you may request of your clinician related to your care. If you or your representative requests a copy of your treatment record, the reasonable cost for reproduction must be paid before the record is released. If you or a representative acting on your behalf requests a copy, you agree that you will pay the fee before the reproduction cost is incurred. All records requests will be completed up to 30 days after written authorization/requests are submitted. By your signature below you consent to the services offered by our office, you agree to pay for the services you receive as indicated and at the time of service, and if you are using a third party (e.g. insurance) payer, you agree that our office may provide any information to your insurance carrier and managed care company necessary to consider, to process, and to approve payment for services. Further, you agree that all charges for services are reasonable and that payment of all fees is, finally, your responsibility. In the event your insurance carrier refuses payment, you agree to pay all amounts due. Your therapist may decline to schedule a future appointment until you have paid any outstanding balance you have with our office. If you are unable to pay for your services in the future, you understand and agree that your counselor will be unable to continue to work with you. In that event, your therapist will provide you with a referral to another provider(s).

#### **Provider Qualifications**

Modify employees fully licensed providers along with associate licensed therapists who carry a masters' level of education in order to

provide quality health care services. All Masters' level therapists are under the direction and clinical supervision of Lisa M Busch, Ph.D., MSCP and/or Clinical Director Amy Wagner, LCPC. Information regarding your provider's educational background and experience may be found under their bio on our website, Modifycounseling.com.

# Litigation and Court Related Services

We do not provide or perform evaluations for custody, visitation, parental responsibility, or other forensic matters. Therefore, it is understood and agreed that your clinician cannot and will not provide any testimony or reports regarding issues of custody, visitation, parental responsibility, or fitness of a parent in any legal or administrative proceeding. If you anticipate becoming involved in a court case, it is highly recommended that you discuss this with your clinician before you waive your right to confidentiality. If your case requires your clinician's participation or participation from Modify PC, you will be expected to pay for the professional time required even if another party compels us to testify. If your clinician is contacted by an attorney regarding your treatment or treatment of your child (either at your behest or related to a legal matter you are involved in), please note the following:

- We charge \$450 per hour to prepare for and/or attend any legal proceeding and for all court related services including travel time to and from the location of the proceeding.
- Charges for court related services are not covered by insurance.
- Court related services include talking with attorneys, preparing, and reviewing documents, traveling to court or deposition venues, attending depositions and court hearings/trials.
- If our fee is not paid by the court or attorneys, you will be charged for the time we spend responding to legal matters. All fees for legal matters must be paid in advance of the legal proceeding in question.
- You will be charged for any costs we incur responding to attorneys in your case, including but not limited to fees we are charged for legal consultation and representation by our attorneys.

## Confidentially

In general, the confidentiality of all communications between a patient and their therapist is protected by law and we can only release information to others with your written consent.

There are, however, a number of exceptions to this rule, some of which are noted below. More information is also provided about this in our Notice of Privacy Practices.

For example, in judicial proceedings, if a judge orders that your records be released to the courts, we may have to release your records. If a child, elderly person or disabled person may be suspected of being a victim of abuse or neglect, your therapist may be legally obligated to disclose information. If your therapist believes that you are threatening serious harm to another person or a person's property, your therapist may take protective action (through notifying the potential victim, the police, DCFS, and/or facilitating hospitalization of you). If your therapist believes that you may be a serious threat to yourself, the same protective actions may be taken in order to protect you (in arranging potential hospitalization, contacting family/significant others for notification, or contacting the police). Your therapist will make a reasonable effort to discuss any need to disclose confidential information about you, and will do his/her best to answer any questions that you may have about the exceptions to confidentiality.

This written summary of confidentiality issues illustrates some, but not all, exceptions to confidentiality. However, you are always welcome to consult with a separate legal counsel, as the laws governing confidentiality are quite complex and are subject to change.

# Termination

Ending relationships can be difficult. Therefore, it is important to have a termination process to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. Treatment may be terminated after appropriate discussion with you if it is determined that the psychotherapy is not being effectively used. In most instances, the therapeutic relationship will not be terminated without first discussing and exploring the reasons and purpose of terminating. If counseling is terminated for any reason or you request another clinician, you will be provided with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

# A Final Word

The counseling relationship is a very personal and individualized partnership. We want to know what you find helpful and what, if anything, may be getting in the way of your progress. We want you to feel free to share with us what we can do to help. Please ask before signing below if you have any questions about psychotherapy or our office policies. Your signature indicates that you have read this Outpatient Services Contract and agree to enter therapy under these conditions. Your signature below indicates that you are making an informed choice to consent to therapy and understand and accept the terms of this agreement.

Client's signature (age 12 or older)

Parent/guardiar	signature	(of minor	up to	18 years	of age)
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Witness signature

Date

Date