

# Crossroads Office Policy and Informed Consent

## Confidentiality & HIPAA

The laws of the State of Illinois require that most issues discussed during the course of therapy with a psychotherapist are confidential. These laws permit you to waive the privilege of confidentiality by signing a release of information form. **However, the release of confidential materials is required in situations of suspected child abuse, of potential harm to oneself or others, and in instances where the court may subpoena records.** During therapy, you may always request that some information be discussed with another person (i.e., your physician, spouse/partner, children, parents, etc.). If you desire that information be communicated about you to someone else, please ask for a release of information form. If we feel that it will be useful to you, during the therapy process, to discuss your progress or situation with another person (i.e., your physician), you will be asked for your written permission to do so. **Please read the Health Insurance Portability and Accountability Act (HIPAA), a federal law offering greater protection for your personal health information, displayed in the waiting room at all times.** Signing this form will indicate that you understand your HIPAA rights.

## Appointments

Therapy sessions will typically be on a weekly or bi-weekly basis. Additional appointment times can be arranged on an “as needed basis.” A therapy “hour” is 45 minutes in duration and may be referred to as a “clinical hour.” If you are forced to be late, the session may be extended five or ten minutes, but it may be necessary on some occasions to stop at the normal time.

## Cancellations & Missed Appointments

It is requested that you provide advance notice of cancellation at least 24 hours before your scheduled appointment. If a cancellation has not been made prior to this time, the session is a loss for someone else wishing to use that therapy time or for the therapist. Therefore these late cancellations will be billed as a missed appointment. **Missed appointments will be billed as a regular appointment. Remember that most insurance does NOT cover missed appointments, so any such charges may be solely the client’s responsibility.** If a last minute problem prevents you from attending an appointment, consider having a telephone appointment at that time, or later that day. In some cases another family member can attend in your place.

## Children in Waiting Room

We are unable to provide supervision for children in the waiting room and cannot accept responsibility for their safety if left unattended. For the safety and welfare of the children and out of consideration for others, please make other arrangements for childcare during therapy sessions. Parents will be held responsible for any property damage caused by their child.

## Telephone Calls

Phone calls may be made at any time for emergencies. No fees are charged for phone calls regarding appointments and similar matters; nor are fees charged for phone calls requiring just a few minutes; however, **a pro-rated charge will be made for psychotherapy or psychotherapeutic consultations conducted over the phone that require more than 5 minutes.** This would be billed at the same rate as private face-to-face therapy.

## Fees

You will be billed for all time spent with you or on your behalf, such as therapists’ time spent preparing reports, reading letters and documents, consultations, travel time for “out of office” services, and telephone calls. A list of diagnostic testing fees is available by request. . Payment is requested at the time of each session either by cash, check, or money order.

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## **Insurance Coverage**

If you maintain health insurance, part of your therapy expenses may be covered. You must check your policy or call your company. Your therapist will discuss with you insurance coverage, requirements and updates. Be aware that whoever is the insurance policy holder, that person will get a copy of the explanation of benefits. **Remember, if fees you expect your insurance company to cover are rejected for any reason, these fees become the client's responsibility to pay.**

## **Bounced Checks**

A \$25.00 charge will be assessed for any check given in payment of your account if the check is not honored at the bank because of insufficient funds. This charge will be added to your balance due and shown on your statement.

## **Delinquent Accounts**

Late payments will be subject to a penalty fee of 12% per annum. **Delinquent accounts may be sent to collections if fee payment obligations are not met in a timely manner, an additional 35% will be added to your account if sent to collections.** **Be aware that the adult who contracts the counseling services (for their self, a child, or a friend) is ultimately responsible for the counseling fees.** A third party may be billed with their consent. If the third party does not cover the expenses as expected, then the responsibility for payment will return to the contracting adult.

## **Ethics & Professional Standards**

As psychotherapists and professionals, we work to uphold the most responsible, ethical and professional standards possible, and we are accountable to you. If you have any questions or concerns about your course of contact with us, please feel free to discuss these issues with us. In signing this contract you are agreeing that should you have any dissatisfaction(s) or concern(s) about your treatment, that you will do your best to indicate your concerns to us so we can attempt to address them to your satisfaction. If you are unhappy with your services here and need help finding additional or alternate assistance, we will assist you in locating a more suitable referral or therapy resource.

## **Illinois Law of Required Reporting**

**If information is revealed in your treatment regarding potential harm to minors or serious threat of harm to yourself or other adults, your therapist is required by law to report this information to the proper authorities.**

## **Caution: Psychotherapy May Be Upsetting**

Be hereby forewarned and cautioned that engaging in psychotherapy may involve experiencing uncomfortable past traumatic events, difficult intense emotions such as depression, anger, grief, confusion, or anxiety. It may also result in changes in your life that could be difficult to face.

## **Ending Therapy**

You can end therapy at any point you wish. Usually therapy pursues specific goals and you and your therapist will discuss together an appropriate termination process. If you decide you want to terminate your treatment, but have a scheduled appointment, please call your therapist and explain that you wish to take a break or end your therapy. You will be billed and held responsible to pay if you fail to call and cancel the last appointment with 24 hours notification

**Please ask before signing below if you have any questions about our psychotherapy or our office policies. Your signature indicates that you have read our office policies and agree to enter therapy under these conditions. **Remember, appointments must be cancelled 24 hours prior to appointment time or you will be charged in full.****

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_