

OFFICE POLICY AGREEMENT & CONSENT FOR TREATMENT

This agreement document contains important information about my professional services and business policies. It also contains summary information about HIPAA, the Health Insurance Portability and Accountability Act, a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your PHI, Protected Health Information, used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices, which is enclosed. Your signature is required by law on this agreement as well as the Acknowledgement of Receipt form in the Notice of Privacy Practices. Although these documents are long and sometimes complex, it is important that you read them carefully. When you sign this document, it will represent an agreement between us. You may revoke the agreement in writing at any time. The revocation will be binding unless I have taken action in reliance on it; or if you have not satisfied all financial obligations you have incurred.

HOW OFTEN CAN I EXPECT TO HAVE AN APPOINTMENT:

Clients normally choose to come once a week, depending upon the nature of the problem. In the later phases of treatment, appointments are sometimes scheduled less frequently. Sessions are generally 60 minutes long.

HOW MIGHT I REACH YOU IF I FEEL A NEED?

Although the telephone is not a good substitute for talking face-to face, there may be times when calling makes good sense. Clients occasionally need to speak with me between sessions. You will know intuitively if that is the case, and brief telephone consultations are then welcome. If a phone session longer than 15 minutes is required, please be aware that most insurance plans do not cover the cost and those sessions will be billed at the private pay rate of \$150.00/hour and rounded to the nearest quarter hour unless we have made other arrangements. To make or change an appointment, please call or text (847) 612-7706 or email amysilverlcs@gmail.com.

WHAT HAPPENS IF AN APPOINTMENT IS FORGOTTEN?

Coming regularly and on time is an indication of your commitment to the therapeutic process. Once an appointment is made, that time is set aside for your use. Late cancellations frequently preclude making the appointment available to another client. Any cancellations for appointments must be received 24 hours in advance of the appointment, except in the

case of an emergency or illness. **You will be charged in full for any missed or late cancellation appointments and remember – insurance does not cover the cost of a missed appointment.** Remember that scheduling an appointment means that it will be held only for you and, therefore, cannot be used by another person.

HOW CONFIDENTIAL ARE THERAPY SESSIONS?

The code of Ethics of the National Association of Social Workers and various laws of the State of Illinois ensure that conversations you have with a social worker will be held in the strictest confidence. No information about you or the issues you discuss will be shared with anyone without your permission in writing, except as noted below.

Social Workers are obligated to share information given to them in confidence if they have reason to believe that a client is: 1) likely to inflict bodily harm on someone, 2) likely to harm herself or himself, 3) suspected of, or involved in child abuse. A court can demand a social worker to testify when there is just cause as deemed by a judge. Other legal proceedings (such as workers' compensation claims, criminal proceedings, competency hearings, etc.) as well as your submission of a claim to your insurance company may require a social worker to release information with a release signed by you.

Children and adolescents are generally seen only if they come voluntarily. Since counseling can succeed only in a trusting climate, parents are encouraged to respect their child's or adolescent's rights to privacy and confidentiality. I will keep what a child or adolescent says to me confidential except as the conditions above may apply, but parents can be assured that I will encourage their children to share critical information and feelings with them.

Also, please be aware that if you choose to communicate with me via email or text, the information is not secure.

WHAT DO I DO IN THE EVENT OF AN EMERGENCY?

In the event of an emergency, you may always call 911. You may also call me at any time for an emergency. I would like to suggest the following: 1) Call me at (847) 612-7706. If I cannot not respond as quickly as you need, you may consider calling your family doctor. If the above are unavailable, call or go to any hospital's emergency room if you require immediate attention.

WHAT ARE MY FINANCIAL RESPONSIBILITIES? *

If client is choosing the private pay option –

Clients are expected to pay in full for each session at the time of the visit unless other arrangements have been made.** Sessions are billed based on time, they will be billed based upon a pro-rated fee to the nearest 15 minutes. There will be no charge for debriefing or consult meetings less than 15 minutes in duration.

If client utilizes an insurance company for which I am out of network –

If you use an insurance company I am **not** an in-network provider for, I will not submit the bill to your insurance company for you. Payment for the session is expected at the time of the visit unless other arrangements have been made. A monthly statement (superbill) will be provided to. You can submit this superbill to your insurance company to attempt to receive partial reimbursement for out of network benefits.

If you utilize BCBS/IL (PPO or Choice) –

PLEASE NOTE: Client is responsible for verifying benefits allowed by your plan! If you utilize BCBS/IL, you will be responsible for your co-pay at the time of each session (depending on your specific plan) or it can be billed to you at the end of the month. I will then submit your bill to the insurance company. If there is no payment from the insurance company due to an unfulfilled deductible, or if they only pay a percentage of the agreed contracted cost (i.e. 75%) you are responsible for the remainder of the contracted cost of the session, minus the co-pay already paid. I will send you a monthly invoice for any owed fees. Please note, insurance coverage varies depending on type of session (including but not limited to reports, letters, consultations, "out of office" services, and telephone calls) as well as duration. **You will be billed and are responsible for payment for all time spent with you or on your behalf.**

*** Please make personal checks out to Amy Silver, L.C.S.W., LLC**

**** Please note: If we agree to monthly invoices and your payment has not been received by the 15th of the following month, late fees (5%) may be accrued for each additional month delinquent. If payment in full has not been received within 180 days, your invoice may be submitted for collections and client will be charged for any costs related to collection.**

ETHICS AND PROFESSIONAL STANDARDS

As a social worker licensed by the State of Illinois, I try my best to uphold the most responsible ethical and professional standards possible, and I am accountable to you. If you have any questions or concerns about your course of contact with me, please discuss these issues with me. In signing this contract, you are agreeing that should you have any dissatisfaction or concerns about your treatment, or should you wish to contract with another social worker, counselor, psychologist or psychiatrist for services, that you will do your best to indicate that you are making the change and why you wish for the change to be made. If you are unhappy with your services here and need help finding additional or alternate assistance, I will do my best to help you locate a more suitable referral or therapy source.

QUESTIONS

If, during the course of your therapy, you have any questions about the nature of your therapy (i.e., goals, procedures, etc.) or about your billing statement, please ask.

A FINAL WORD.

This is your therapy! We will work together at establishing your goals and will regularly evaluate your progress to ensure that you are getting what you need and want. The counseling relationship is a very personal and individualized partnership. I want to know what you find helpful and what, if anything, may be getting in the way. Periodically we will discuss your progress. Clients often know intuitively the kind of help they want. I want you to feel free to share with me what I can do to help.

PLEASE ASK BEFORE SIGNING BELOW IF YOU HAVE ANY QUESTIONS ABOUT PSYCHOTHERAPY OR MY OFFICE POLICIES. YOUR SIGNATURE INDICATES THAT YOU HAVE READ MY OFFICE POLICIES AND AGREE TO ENTER THERAPY UNDER THESE CONDITIONS. FURTHER, IT INDICATES YOUR UNDERSTANDING THAT I MAY TERMINATE YOUR THERAPY IF YOU DO NOT COMPLY WITH THE POLICIES OR IF I FEEL YOU ARE NOT BENEFITING FROM TREATMENT.

PLEASE SIGN TWO COPIES. RETURN ONE COPY TO MY OFFICE AND RETAIN ONE COPY FOR YOUR OWN INFORMATION.

I HAVE READ THIS POLICY AND AGREE TO ABIDE BY IT.

Received and agreed:

_____ Date: _____

Minor (between 12-18):

_____ Date: _____