

General Office Policies and Informed Consent

Welcome

The Arlington Center is a multi-specialty group offering a variety of services. Your provider will be happy to discuss any questions or concerns you have about their qualifications and approaches to serving your individualized needs. Your therapist is your contact person – if you have questions about billing or administration, or need to set up or cancel an appointment, please contact them directly by phone at the number they provide for you.

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 or testimony.** 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 (HIPAA Information Web Page: <http://www.hhs.gov/ocr/privacy/index.html>).

Appointments

Therapy sessions are typically on a weekly or bi-weekly basis. Monthly appointments are sometimes appropriate. Additional appointment times can be arranged on an “as needed basis.” A therapy “hour” is 45-50 minutes in duration and may be referred to as a “clinical hour.” If you are late for your appointment, it is typically necessary to stop at the normal time. Other services may be offered at different rates or as one-time charges. Your therapist may propose other services or evaluation with another provider to further your progress- these recommendations are not mandatory, however your decisions regarding the recommendations may affect future outcomes of your services.

Cancellations & Missed Appointments

Scheduled appointments are an important aspect of your services at The Arlington Center- your appointment time is reserved for you. If your appointment needs to be cancelled or rescheduled, it is very important to contact your clinician as soon as possible. **It is required that you give advance notice of cancellation at least 24 hours before your scheduled appointment. The normal session fee will be charged for any late cancellations or missed appointments.** 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.

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 arrangements for childcare during therapy sessions, or provide adult supervision for children while waiting in the waiting room. Parents will be held responsible for any property damage caused by their child.

Telephone Calls

A pro-rated charge will be made for psychotherapy or psychotherapeutic consultations conducted over the phone that require more than 5-10 minutes. This would be billed at the same rate as private face-to-face counseling session.

Emergencies

If you are experiencing a life-threatening emergency involving danger to yourself or others, ask someone to take you immediately to the nearest hospital emergency room. If you do not have transportation by another person, please call 911 immediately. You may leave a message with your therapist, and he or she will get back to you as soon as they are able.

Payment for Services/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 (extended) telephone calls. A list of diagnostic testing fees is available by request. Payment is due at the time of each session either by cash, check, credit card, HSA card, or money order. **If you are a parent and are unable to accompany the patient to the appointment, please send them with a check.** If there is a divorce agreement between parents on financial responsibility, it is between the parents and NOT your therapist or The Arlington Center. The parent that accompanies the patient is responsible for making the payment at the time of service. Your therapist or The Arlington Center is not responsible for upholding the agreements made between parents in divorce situations.

Insurance Coverage

Payment is due at the time of service. If you maintain health insurance, part of your therapy expenses may be reimbursed to you. We will provide you with a receipt that you can send to your insurance company for reimbursement. You must check your policy manual or call your insurance company for details about your policy limits and coverage (deductible, co-pays, in-network or out-of-network rates, etc.). 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 remain the client's responsibility to pay.

NOTE: Some of our therapists are providers for Blue Cross Blue Shield of IL under the group name of "Arlington Counseling Associates". If you are working with Dr. Goff, or Dr. Olson, Kerry DeVries, or Melissa Chaffer, Ryan Bettger, & Dr. Shaw, they will file directly with BCBS of IL on your behalf. Be sure to check who the mental health carrier is on your BCBS plan, as some BCBS plans use other mental health management companies or providers for mental health services, even if the insurance card is a BCBS card. Be sure to check the information and numbers on the back of the card for details.

Bounced Checks

A \$35.00 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 anum. 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 (Our collections agency is Certified Services of Waukegan, IL). **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 psychotherapy or our office policies. Your signature indicates that you have read our office policies and agree to enter therapy under these conditions. I also authorize The Arlington Center and/or your therapist to communicate with your insurance company when necessary to facilitate payment of claims, and for appropriate payment to be assigned directly to The Arlington Center and/or your therapist. *Remember, appointments must be cancelled 24 hours prior to appointment time or you will be charged in full.*

Signature (Client) _____ Date _____

Signature (Client or Guardian) _____ Date _____