

A NEW DAY FAMILY COUNSELING, PLLC  
23819 W. Mill Street, Suite 7  
Plainfield, IL 60544

### **Informed Consent for Psychotherapy ~ Information About the Therapeutic Process and Relationship**

This consent will provide a clear framework for our work together. Feel free to discuss any of this with your therapist who can answer any questions you may have. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

#### **The Therapeutic Process**

You have taken a very positive step by deciding to seek therapy for yourself, your child or your family. With support and guidance, you are encouraged to find a safe place for you and/or your family members to communicate thoughts and feelings. Many times, clients are reluctant to start therapy and can feel a range of feelings including anxiety, anger or resentment. Developing a trusting relationship is the key to a successful therapeutic experience. For children, a safe space is obtained through use of play and/or talk therapy. For adolescents and adults, traditional talk therapy is combined with creative and evidence-based interventions. Developing a trusting relationship and working towards agreed upon therapeutic goals will take different amounts of time for each client. Some clients will find a resolution of their issues within a few sessions, while others may take months or even years before their therapeutic process is complete. As a client, you are in complete control of your therapeutic process and you may end your relationship with your therapist at any time. In the event that you choose to end your relationship, we advise that you schedule a final session in order to have appropriate closure and address any remaining needs you may have.

It is our practice's policy to only see clients who we believe we have the capacity to resolve their own problems with our assistance and who will benefit from therapy. It is our intention to empower you in your growth process so you develop an increased ability to face life's challenges without your therapist. We don't believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, your therapist will direct you to other resources that may be of assistance to you. Your personal development is a number one priority to us. We encourage you to let us know if you feel that transferring to another agency or therapist is necessary at any time.

The outcome of your treatment depends largely on your willingness to engage in the therapeutic process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. We cannot promise that your behavior or circumstance will change. We aim to support you and do my very best to understand you and your repeating patterns, as well as, help you clarify what it is that you want for yourself.

A treatment plan will be developed and modified periodically depending on your needs and progress in therapy. Should a higher level of care be indicated, we will work with you to achieve the most appropriate level of care, and, if appropriate, refer you to a therapist, agency or facility that is able to provide you with a level of service appropriate to your needs. It is also not unusual for your therapist to recommend or refer you to seek other treatment options such as a referral to an MD for evaluation or management of medication, couples therapy, family therapy, group therapy, etc.

#### **TeleMental Health**

Telemental health may be offered as part of your services when applicable. Telemental health is the practice of delivering clinical health care services via technology assisted media or other electronic means between a practitioner and a client who are located in two different locations.

It is important that you understand the following:

1. You have the right to withdraw consent for telemental health services at any time without affecting your right to future care, services, or program benefits to which you would otherwise have access.
2. There are risks and consequences associated with telemental health, including but not limited to, potential disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.

3. There will be no recording of any telemental health session by any person. All information disclosed within sessions and written records pertaining to those sessions are confidential and to the same extent as records and communications relating to in person services.
4. Privacy laws relating to the confidentiality of your mental health information also apply to telemental health sessions.
5. If you are having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be appropriately resolved through telemental health, it may be determined that such telemental health services are not appropriate and a higher level or more appropriate level of care is required.
6. During a telemental health session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect within ten minutes, please call your therapist. This may result in having to reschedule.

### Emergency Contact Protocols

You agree to provide your location in case of an emergency to your therapist. You agree to inform your therapist of the address where you are located at the beginning of each session. Your therapist will require that an emergency contact person may be contacted in a life-threatening emergency. This person may be contacted to go to your location or take you to the hospital in the event of an emergency. Please keep your emergency contact updated.

**Confidentiality** The confidentiality of communication between a client and a therapist is very important and is protected by the ethical practices of the therapist as well as State and Federal Law. The Practice will make every effort to keep information regarding your evaluation, diagnosis, and treatment strictly confidential. In most cases, a consent for release of information must be completed and signed by you in order for oral, written or electronic information about you to be released to any other person or agency. All records or communications related to therapy are confidential and subject to the provisions of relevant law, including, HIPAA and the Illinois Mental Health and Developmental Disabilities Confidentiality Act. These confidentiality laws and regulations do have exceptions which allow, and under certain circumstances, mandate that a therapist disclose otherwise confidential information which is necessary to protect from imminent harm, emergency situations, child and elder abuse and the like. If you become involved in certain types of court proceedings wherein you have placed your mental health into issue in your claims or defenses, your records and information may be subject to disclosure.

Limitations of such client held privilege of confidentiality exist and include, but not limited to the following:

1. If a client threatens or attempts to commit suicide or otherwise puts themselves at substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion of physical, emotional or sexual abuse or neglect of a child under the age of 18 years.
4. If the therapist has reasonable suspicion of abuse or neglect involving an elderly person or persons with a disability.
5. In response to a a lawfully issued subpoena or court order.

Occasionally your therapist may need to consult with other professionals in their areas of expertise in order to provide better treatment for you. No personally identifiable Information about you will be shared in this context.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is important to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

### Minors

If you are a minor (under the age of 18), your parents may be legally entitled to some information about your therapy. You may also have rights relating to confidentiality independently of your parents. Your therapist will discuss these issues with

you and your parents what information may be appropriate for them to receive and which issues are more appropriately kept confidential.

### Clinical Emergencies

We are considered an outpatient agency and we are able accommodate individuals who are reasonably safe and resourceful. We are generally available during regular business hours of 9 am - 7 pm. If you or your child is experiencing a mental health emergency (feeling or wanting to hurt yourself or others, hallucinations or bizarre behaviors), you may require hospital or medication services, go to your nearest emergency room or call 911. You may also choose to contact one of the following for a crisis mental health evaluation.

Linden Oaks, Naperville, IL - 630-305-5027

Silver Oaks Behavioral Health Hospital, New Lenox, IL 844-580-5000

Provena Mercy Hospital, Aurora, IL 630-801-2657

### Fees, Appointments and Cancellations

We are committed to working towards your successful treatment. Please understand that payment of your bill is considered part of your treatment. Your clear understanding of the financial and practice policies is important to the professional relationship. Please discuss with your therapist directly if you have any questions regarding this.

Private pay/non-insured patients are charged at a rate of \$ 175 for the initial 60- minute session;

Private pay/non-insured patients are charged at a rate of \$ 150 for subsequent 50- minute sessions.

The standard meeting time for psychotherapy is 50 minutes. It is up to you, however, to determine the length of time of your sessions. Please discuss options relating to the length of your sessions with your therapist.

If you are using insurance and your therapist is an in-network provider, the rates for in-network services may not be negotiated, they are fixed by contract. You are responsible, by law, for any co-payments or deductibles associated with your insurance coverage for services that are covered by your policy. There are certain services that may not be covered by insurance companies, including, but not limited to, telephone conversations, video conferences, site visits, report writing and reading, drafting of summaries, consultations with other professionals, expenses related to any legal process (including attorney's fees) in our efforts to comply with state and federal confidentiality requirements as well as the therapist's time (portal to portal) or if a therapist is obligated to attend depositions or trial. If any such services or expenses are provided or incurred, you will be charged at the private pay/non-insured patients hourly rate or unless other arrangements have been made and agreed to and you agree that you will be obligated and will pay any such charges at the time of the request.

Please note that phone communication may not be covered by your insurance plan: If you have a telephone conversation with your therapist that extends beyond 10 minutes you will be personally responsible to pay at a rate equal to the private/non-insured hourly rate prorated for the duration of the call.

If you think you may have trouble paying your bill on time, please discuss this with your therapist so a solution can be explored.

Please remember to cancel or reschedule 24 hours in advance. You will be responsible for an \$85 fee if cancellation is with less than 24 hours-notice. This is necessary as a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time or the session may be canceled and the cancellation fee applied.

A \$25.00 service charge will be charged for any checks returned for any reason for special handling.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, we may consider the professional relationship discontinued. Written correspondence will be provided regarding any such termination process.

### Payment

A credit or debit card must be kept on file and authorization provided to process payment on your Visa, MasterCard, or Discover Card for services and/or for any balance due that has not been paid. Cash or Check is also accepted.

Payments may be applied to co-payments, co-insurances or balances due to annual insurance deductibles not yet met.

Payment will be processed at the time of the appointment or the next day. If the credit card on file is declined, Another attempt to process the payment on another day when funds become available will be made.

If your therapist is an in-network provider with your insurance network, we will bill your insurance company directly as a convenience offered to you. You must keep your therapist informed immediately regarding any changes to your insurance coverage. You will be responsible for the payment of any co-payments or deductibles associated with your policy at the time of the session as well as any uncovered services as identified above. Insurance companies do not guarantee payment and you will be ultimately responsible for the cost of services provided which are not reimbursed by insurance. You (not your insurance company) are responsible for full payment of fees. Your therapist will attempt to verify your benefits and provide you with an estimate of what the session will cost based on your insurance plan. This is not however a guarantee of benefits or the amount due. The filing of secondary insurance claims is solely your responsibility.

If you have health insurance, but your therapist is an out-of-network provider, you must pay the full private pay rate and your therapist will provide you with a Superbill to present to your insurance company to secure any out-of-network reimbursement your plan provides. Failure to keep payments current may result in a termination of services.

By signing this consent, you authorize your therapist to help you obtain reimbursement for services from your insurance company. You also authorize the release of all necessary information to the insurance company for the pursuit of payment.

If you do not authorize your therapist to contact your insurance company for reimbursement for services, you must sign another agreement. Please discuss with your therapist or the Practice manager, Gwen Ginski, LCSW.

#### Telephone and Communication

If, on occasion, it is necessary to contact your therapist between sessions for a purpose other than scheduling and payment, and you are not able to reach him/her directly, we will make every effort to return your call within 24 hours, with the exception of weekends and holidays. Due to your therapist's work schedule, your therapist is often not immediately available by telephone. While your therapist may be in the office, your therapist is generally in session and unable to answer the phone immediately. If your therapist is or will be unavailable for an extended period of time, you will be provided a covering therapist's contact information on your therapist's voicemail message or provide you with the name of a colleague to contact, if necessary. We are not a crisis service. In the event of an emergency or a life-threatening situation, go to the nearest local emergency room or call 911.

#### Technology Statement

There are several ways we could potentially communicate electronically. It is very important to us to maintain your confidentiality, respect your boundaries, and ensure that our relationship remains professional and therapeutic. Please discuss this with your therapist if you have any questions or concerns about our communication policies. Please note the following policies:

- 1). Because email and texting may be inherently insecure, these modes of communication are not utilized unless you direct your therapist to utilize this mode of communication. Absent your specific direction to use these modes of communication, your therapist will only utilize them in cases of emergency. Please do not email or text content related to your therapy sessions.
- 2). We are not able to accept friend requests on social media. You are welcome to follow any of our business, social media or marketing promotions, but be aware that the general public then will be aware that your name is associated with A New Day Family Counseling.

We utilize Simple Practice as our practice management software for keeping progress and diagnostic notes and records of appointments. These are kept to the necessary requirements for filing insurance claims.

#### Termination of Services

The length of your treatment and the timing of the eventual termination of your treatment depends on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with your therapist. You may discontinue therapy at any time.

If you or your therapist determine you are not benefitting from treatment, either you or your therapist may elect to initiate a discussion of your treatment alternatives and/or notify you of intention to terminate. In the unfortunate circumstance that you

have an outstanding balance with the Practice and you do not enter into an agreement to resolve the payment of the outstanding unpaid balance, your therapist may initiate termination.

#### HIPAA

I understand, and have been given a copy of, the Privacy Notice as required by the Health Insurance Portability and Accountability Act. I will ask for explanation and clarification of any part of the notice I do not understand.

#### About Your Therapist

A New Day Family Counseling employs fully licensed and master's level therapists to provide quality mental health care to all clients. All associate level and master's level therapists are under the direction and clinical supervision of Gwen Ginski, LCSW. Information regarding your therapist's educational background and experience may be found on our website under his or her name. Please feel free to review this information at <https://newdayplainfieldcounseling.com> or contact Gwen Ginski, LCSW if you have any questions about your therapist's qualifications.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT AND THAT I UNDERSTAND THE RISKS AND BENEFITS ASSOCIATED WITH THE THERAPEUTIC PROCESS. I UNDERSTAND THAT I CAN ASK QUESTIONS AT ANY TIME. I ALSO ACKNOWLEDGE RECEIPT OF THE HIPAA PRIVACY PRACTICES. MY SIGNATURE ALSO INDICATES THAT I AGREE TO THE POLICIES OF YOUR /YOUR CHILD'S RELATIONSHIP WITH YOUR THERAPIST AND I AM AUTHORIZING YOUR THERAPIST TO BEGIN TREATMENT WITH YOU, YOUR CHILD OR YOUR FAMILY.

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

Printed Name: \_\_\_\_\_