

Counseling Offices of Lisa Collins LCSW, Jennifer Nichols LCPC and
Kristin Hultgren LCPC

801 E. Main Street - St. Charles, IL 60174

Service Agreement

Introduction:

Welcome to the Counseling Offices of Lisa Collins LCSW, Jennifer Nichols LCPC and Kristin Hultgren LCPC. We would like to review our policies and procedures with you as they have important client data that will assist you during the use of our counseling services. If you have any difficulties understanding our Service Agreement and HIPAA information, please discuss this with your therapist during your first session. All forms are to be filled out prior to starting our first session.

About the Therapy Process:

1. Therapy is an interactive process. You need to take an active role by asking questions, setting goals and identifying obstacles to obtaining these goals.
2. A good relationship with your therapist is important and raising concerns you have with your therapist increases the effectiveness of your treatment.
3. While therapy records are confidential, there are rare occasions when your therapist is legally bound to reveal confidential information (see limits on confidentiality)
4. While we have a broad range of experience and expertise, there are some areas that fall outside our training. After meeting with your therapist, you and your therapist may come to a decision that you are not well matched and referrals to other practitioners can be provided or requested.
5. Each therapist may conceptualize a client's problem in different ways and may utilize different therapeutic approaches.
6. Research has consistently shown therapy to be helpful with a wide range of problems however, it is important to not that there are no guarantees that it will be productive for everyone and the risks can include:
 - Stirring up painful memories, experiences, feelings and/or sensations
 - Exploring uncomfortable issues and choices
 - Couples and family therapy may initially result in more arguments and conflicts

Limits on Confidentiality

There are laws in place that protect the privacy of all communications between a client and therapist. In most situations, a therapist must have a signed "Release of Information" to provide relevant information to others. By signing this Service Agreement you have agreed to allow Lisa Collins LCSW, Jennifer Nichols LCPC and Kristin Hultgren LCPC to share clinical information with each other as part of case consultation, coverage for vacations/illnesses and quality assurance review. Other limits on confidentiality include court orders, legal proceedings and governmental requirements.

Also, please note that our profession legally mandates us to report suspicion of child and/or elder abuse, imminent threat of harm to others and innocent danger/serious risk of harm to self. Actions may include hotline calls to the Department of Children and Family Services, Department on Aging, notifying the potential victim, contacting the police and/or family members (when appropriate) for seeking possible hospitalizations.

Client Initials: _____

Revised 5/2017

Consent to Contact You:

By signing this Service Agreement, you are consenting to allow your therapist to contact you at home, email, texting, cell phone, work phone (therapist will identify themselves by name only) and to be able to send correspondence to your home. If you do not want to be contacted in any of the ways listed above, you will need to provide your therapist with a written notice stating specifically what the limits are and how you wish to be contacted in the case of an emergency.

Professional Records:

Your therapist will create a clinical record describing your reasons for seeking therapy - symptoms, diagnosis, goals, treatment plan, progress notes, releases of information, billing/payment records and reports from any other consultations/organizations. You have a right to view your record. Records will not be released until your bill is paid in full. Your therapist is the owner of the record. The record will be transferred to another therapist in the practice in the case your therapist’s death or incapacity. Please review our HIPAA Policies and Practices to protect the privacy of your health information for a further summary of your rights.

Minors and Parents-Clients under 12 years of age and their parents need to be aware that the law allows parents to examine their child’s clinical record. Parents of children between the ages of 12-18 cannot examine their child’s record without the consent of the child (limits of confidentiality still apply). It is our policy that both parents be notified that their child is receiving therapy and consent to therapy for the child. (Please note we recognize that it may not always be possible to obtain consent from both parents. If you feel it is more appropriate, your therapist can contact the child’s parent about receiving treatment and its benefits.)

Payment Information:

Full payment is due at the time of service. We accept checks and credit card payments. There will also be an additional \$30 fee for bounced checks. Our full fee is \$150 for the initial 50-minute session and then \$125 for subsequent 50-minute sessions. We charge \$150 per hour for phone calls or preparing letters to communicate with individuals for whom a Release of Information is on file (including physicians, family members, guardians). **Clients will be charged our full fee of \$125 for any missed appointments and for any appointments that are not canceled within a 24-hour notice. All Monday appointments must be canceled by Saturday @6pm.** Clients who use insurance plans in which we are participating providers will be responsible for any deductible or co-payment. Your therapist will review your insurance coverage with you. If you consent, we will bill your insurance. Clients are responsible for notifying their therapist if their insurance coverage changes. Clients are also responsible for payment of any services that are provided and not covered by insurance.

By signing this Service Agreement you are also consenting to that in the event your account goes into default and our office turns it over to an outside collections agency/attorney for collections, it is accepted and understood that thirty percent (30%) of the principal amount of the balance due will be added as collection/attorney fees. It is also agreed and accepted that in the event that a lawsuit is filed, you, the client, will be liable for any and all court costs expended whether judgment has been entered or not.

Late Arrivals:

The therapy “hour” is between 45-50 minutes in length. If you arrive late, please understand that will will have to stop at the end of the of your allotted time.

Client Initials _____
Revised 5/2017

After Session Phone Calls:

We understand that problems and questions may arise between session and are willing to accommodate you. However, if you make repeated calls to discuss concerns/problems, your therapist will ask that you schedule your sessions more frequently or pay for the time your therapist spends in order to address these issues.

Fees for Court and Court Related Issues:

The Counseling Offices of Lisa Collins LCSW, Jennifer Nichols LCPC and Kristin Hultgren LCPC do not provide evaluations for visitation, custody and/or other forensic/legal matters. If your therapist is contacted by an attorney regarding you or your child's legal matter, please note the following:

—Charges for court related services are not covered by insurance.

—We charge \$350 an hour for court related services (including talking to attorneys, preparing document and court appearances).

—If our fee is not paid by the court or attorneys, you will be charged for the time your therapist spent responding to legal matters.

—You will also be charged for any costs we incur responding to attorneys, including but not limited to fees we are charged for legal consultation by our attorney.

If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by therapist-patient law. We cannot disclose any information without a Release of Information.

If a governmental agent is requesting information for healthcare oversight activities, we may be required to provide it to them. If a client files a **complaint or lawsuit** against their therapist, we may disclose relevant information regarding that client in order to defend their therapist.

Managed Care and Insurance Reimbursement:

If you are seeking financial reimbursement for therapeutic services under your health insurance policy, you will be required to give consent giving your therapist permission to bill and to release whatever information your insurance company requires to process the claims we will submit. We will release only the minimum amount of information necessary for the requested purpose.

Please note that some insurance plans may limit your mental health coverage to time-limited short-term treatment approaches. Therefore it is important to carefully check benefits so you can be informed on the number of sessions and available coverage.

Business Associates:

The Counseling Offices of Lisa Collins LCSW, Jennifer Nichols LCPC and Kristin Hultgren LCPC have contracts with various associates i.e. billing organizations, computer technicians, accountants, attorneys etc. As required by HIPAA, we must have a formal business associate contract with these businesses in which they promise to maintain the confidentiality of any and all of your Protected Health Information (PHI) except under specific exempt conditions stated in the law. If you would like to see a copy of this contract, your therapist will provide one to you.

Client Initials_____

Revised 5/2017

Consent to Receive Therapeutic Services:

By signing this Service Agreement for the Counseling Offices of Lisa Collins LCSW, Jennifer Nichols and Kristin Hultgren LCPC, I/we acknowledge that I/we have read, understood and accepted all of the terms and information provided in the Service Agreement. I/We are making an informed choice on consent to therapy and that ample opportunity has been offered to ask questions and seek clarification on anything that appears unclear.

By signing this consent, you are also agreeing to allow the Counseling Offices of Lisa Collins LCSW, Jennifer Nichols LCPC and Kristin Hultgren LCPC to contact you by phone, email and mail; to receive written notice and billing statements (statements will be sent to your home address or the party responsible for payment) if this is deemed necessary for payment. Be aware that we cannot assume responsibility for correspondence set to you by your insurance company.

_____ Date: _____

_____ Date: _____

Witnessed by: _____ Date: _____

I also agree to give consent to receive and/or exchange emails and text messaging which are considered unsecured Patient Health Information (PHI), according to HIPAA standards. I understand that if I choose not to sign this consent, all potential appointment changes and information can only be exchanged through a telephone exchange.

_____ Date: _____