



PSYCHOTHERAPIST – CLIENT SERVICES AGREEMENT

Welcome to Mind Body Connections, LLC. We are glad you have chosen us as your place for personal growth and recovery. This document contains important information about our professional services and business practices. **Please read it carefully** and feel free to discuss any questions you have with your therapist.

Philosophy of Care at Mind Body Connections

We believe that treatment of the whole person is necessary for growth and development. This means that psychological, physical, spiritual, relational and fiscal issues may be addressed in therapy. Therapy may occur in a talk-therapy style and/or may include experiential components. Furthermore, therapy is most effective when the Client is active in the therapeutic process. This means you will be expected to work on things discussed in therapy both during session and at home.

Psychotherapy has both benefits and risks. Risks sometimes include painful feelings such as sadness, guilt, anxiety, anger, loneliness and helplessness. Therapy also often involves discussing unpleasant aspects of anxiety and distress as well as better relationships, greater self-esteem and resolution of specific problems. Unfortunately there are no guarantees of therapy outcomes.

The First Few Sessions

In the first few sessions your therapist will want to evaluate your treatment needs and learn more about you. During this time you and your therapist will work together to create treatment goals and an initial plan for treatment. Most importantly, this is your time to evaluate your comfort level and confidence in your choice of therapist. Your therapist will also be evaluating if they are a good choice of therapist for you and your specific needs and goals at this time. If for some reason you do not feel as though you are with the right therapist for you, please tell your therapist, as we would like to assist you in finding the right match.

Contacting Therapists and Emergencies

Calls are answered by a confidential voice mail system and each therapist has their own direct extension. Therapists check their voice mail each business day unless they are unavailable for an extended period of time. If your therapist is away, they are responsible for asking another therapist to be available to you, and their contact information will be included in your therapist's outgoing voicemail message. Therapists will make every effort to return calls within 48 hours. It is best to leave some times when you are available to be reached. If you need to reach your therapist more urgently you can call Stacey on her direct line at (312) 543-2133 or email her at smh_dmt@ameritech.net. You can reach Heidi on her direct line at (630) 849-4350 or email her at heidi.dance.therapy@gmail.com. **If your therapist is unavailable and you are experiencing an emergency please call the nearest hospital and ask for the psychiatrist on call or dial 911.**

Professional Records

The laws and standards of the mental health profession require therapists to keep Protected Health Information (PHI) about you in your clinical record. It is important to understand that pursuant to the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and updated in 2013, your therapist may keep PHI about you in two sets of professional records. One set is your clinical chart, which may be accessed by third parties (such as insurance companies) with your written authorization. Some therapists keep a second record, referred to as Psychotherapy Notes. These notes are only for use by your therapist and may include contents of therapeutic conversations, analysis of those conversations and how they impact treatment. These notes are kept separate from your clinical record and cannot be released to insurance companies without your authorization. Insurance companies cannot penalize you if you refuse to authorize disclosure of psychotherapy notes. You may examine and/or receive a copy of your clinical and psychotherapy notes if you request this in writing. Because these records can be misinterpreted it is recommended that you review them in the presence of your therapist or have them

forwarded and reviewed with another mental health provider. Your therapist may charge a copying fee if you request a copy of these records.

Records of Minors

Clients under 12 years of age and their parents should be aware that the law allows parents to examine their child's treatment records. Parents of children between 12 and 18 cannot examine their child's records unless the child consents and the therapist finds no compelling reason to deny the access. Parents can request information concerning their child's current physical and mental condition, diagnosis, treatment needs, services provided, and services needed. Since parental involvement, if usually crucial to successful treatment, it is recommended that Clients between 12 and 18 years of age and their parents enter into an agreement that allows parents access to treatment information.

For children under the age of 18, all paperwork should be co-signed by both parents. Signature of both parents is required in all cases of separation and all divorce situations involving any type of joint custody. Although not required by law, it is preferred to have both parents agree to treatment even in cases of sole custody with no stipulation regarding medical treatment.

Cost

The fee for a 60 minute session is \$150. For individuals struggling to afford co-payments or cost of sessions please speak with your therapist about your situation since it is likely that we could work out an alternative financial arrangement. It is also important to know that fees may be charged for lengthy telephone conversations and time spent providing other services on your behalf. This may include extensive report writing, preparation and photocopying records or treatment summaries, consulting with other professionals with your consent, and attendance at staffing. If you become involved in legal proceedings that require your therapist's participation you will be expected to pay for all of their professional time including preparation and transportation costs, even if they are called to testify by another party. Please discuss this with your therapist so that you clearly understand what services you will be charged for. In addition, therapists reserve the right to limit phone calls or other uses of their time to what they consider clinically appropriate. They will discuss these limits with you should they become an issue.

Use of Insurance

Insurance is a complex issue. **We ask our Clients to call their insurance company to discover what mental health/chemical dependency coverage is available.** Mental health coverage is usually different than physical health coverage. Please ask your insurance company if you need pre-certification, what your co-pay is given our hourly rate, and how many sessions you are allowed in what period of time. We reserve the right to call your insurance company and verify coverage and benefits. We provide the courtesy of billing your primary insurance company and ask for you to make your co-payment at the time of service. We also ask that you assume the responsibility of tracking the usage of allotted sessions. In this regard you should take the initiative to discuss with your therapist (1) the number of sessions remaining before further approval is needed, and (2) when no further sessions are available under your policy.

Ultimately you are responsible for full payment of fees that your insurance company does not agree to cover. Therefore it is important to you to fully understand your coverage benefits regarding mental health and/or chemical dependency. You will be responsible for discussing with your health insurance company any disputes regarding coverage. If you are disputing a claim for lack of payment with your insurance company Mind Body Connections, LLC, may request that you pay your balance with us and agree to be reimbursed by the insurance company at a later date if the matter is eventually resolved.

Other Billing Issues

Mind Body Connections, LLC, has a 24-hour cancellation policy for all sessions including group therapy. Insurance companies do not cover missed appointments. You will be billed \$60 if you fail to cancel with at least 24 hours notice.

We ask that you provide a credit card number for us to keep on file to cover balances that are more than 30-days overdue. We will notify you in the event that we bill your card.

Mind Body Connections, LLC, does use a collections agency and may do so if an account is 90-days past due and compliance with a suitable payment plan has not occurred. If it is necessary to take legal action to collect fees then attorney's fees and costs will be included in the claim. Rather than enter an adversarial situation we encourage you to speak directly to your therapist should financial issues arise which make timely reimbursement impossible.

Confidentiality

Illinois law protects the privacy of all communications between a Client and a mental health provider. In most situations, if you are 18 years of age or older, your therapist can only release information about your treatment to others if you sign a written authorization form and meet certain legal requirements imposed by HIPAA and/or Illinois law. However, there are several situations in which no authorization is required. Please see Mind Body Connections, LLC, Notice of Privacy Practices for further explanation and clarification.

Therapists are mandated reporters and as such we have the legal obligation of notifying appropriate authorities in the following situations. Please note that these situations are handled with the utmost care to protect those at risk for harm and with respect to the Client's confidentiality.

- If your therapist believes that you present a clear, imminent risk of serious physical or mental injury or death to yourself.
- If you have made a specific threat of violence against another or if your therapist believes you present a clear, imminent risk of serious physical harm to another.
- If your therapist has reasonable cause to believe that a child under 18 known to your therapist in her professional capacity may be abused or neglected by a parent, caretaker, or other person responsible for the child's welfare.
- If your therapist has reason to believe that an adult over 59 years old, or under 60 years old and who is disabled, has been abused, neglected, or financially exploited in the preceding 12 months.
- In accordance with Illinois Firearm Concealed Carry Act of 2013 if you are determined to be a clear and present danger to yourself or others, developmentally disabled or intellectually disabled your therapist may be responsible for reporting your mental health information to the Illinois Department of Human Services.

Statement of Independence

Mind Body Connections, LLC is located at Clarus Center. Clarus Center is comprised of multiple independent practitioners who share certain expenses and administrative functions. That said, Mind Body Connections, LLC is independent from all other practitioners at Clarus Center, and is not responsible for the actions of the other professionals at Clarus Center. Although independent from those practitioners, we sometimes consult with them regarding our Clients' situations. By signing below you grant your therapist permission to consult with the other practitioners at Clarus Center.

Signature of Client (12 years and older)

Date

Signature of Parent/Guardian (children up to 18 years)

Date

Signature of Parent/Guardian (children up to 18 years)

Date

Therapist Signature

Date