



COUNSELING AND DIAGNOSTIC
CENTER OF WOODFIELD, LTD.

INFORMED CONSENT

Welcome to the Counseling and Diagnostic Center of Woodfield, Ltd. This document contains important information about the professional services and business policies of this clinic. Please read it carefully and note any questions you might have so that we can discuss them at our initial meeting. By signing below, you agree to the policies contained herein. Upon the completion of the first session, your therapist will request that you sign this document. Please review it accordingly prior to the session.

PSYCHOTHERAPY SERVICES

Psychotherapy is not easily described in general statements. It does call for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about during therapy sessions and while you are at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of what you will experience.

If you have questions about our clinic's procedures, we should discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for a referral.

SESSIONS

Appointments are most frequently scheduled for one 60-minute (one appointment hour of 53 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled you must provide 48 hours advance notice of cancellation, or you will incur a \$75 cancellation/no show fee. We do understand that there may be mitigating circumstances which cause you to unexpectedly miss a session. Should that occur, we may agree that you were unable to attend due to circumstances beyond your control. If that occurs, another time to reschedule the appointment can be made and you will not be charged the cancellation/no show fee.

PROFESSIONAL FEES

The CDCW hourly fee will apply unless we have set a different fee prior to the meeting, in which case that fee will apply. The clinic's standard fee per 60-minute session for individual therapy is \$200.00. The fee for a therapy session that is less than the standard 60-minute session (*e.g.*, a 45-52 minute therapy session) is \$160.00. If we are under contract with your insurance company, our fees are governed by the contract and you are responsible for co-pays/patient responsibility as outlined by your insurance carrier. Any fees, outside of the portion covered by insurance (if being billed by us), are due at time of service.

Additionally, the same fee, \$200/hour, is charged for other professional services you may need. We break down the hourly cost of work for periods of less than one hour in quarter hour increments (*e.g.*, 15, 30 and 45 minute increments of time). We will discuss areas in which payment may be required for professional services other than therapy sessions as they arise. These additional costs are discussed below.

Other services may include, but are not limited to, report writing, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, collaboration with schools or other professional providers, and the time spent performing any other service you may request. If you become involved in legal proceedings that require your therapist's participation, you will be expected to pay for their professional time even if the therapist is called to testify by another party. Due to the nature and complexity of legal proceedings and involvement thereof, our fee is \$250/hour for both preparation and attendance at any legal proceeding, including travel to and from any meetings as well as time incurred for the therapist's consultation with legal counsel.

INSURANCE REIMBURSEMENT

In order for us to set treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have an active health insurance policy, it will usually provide some coverage for mental health treatment. We have an insurance information form available that you are required to fill out and periodically update regarding your insurance coverage. CDCW does routinely submit billing to patients' health insurance companies for services rendered. While CDCW will provide you with whatever assistance we can to help secure the insurance benefits to which you are entitled, you (not your insurance company) are responsible for the full payment of our fees. Therefore, it is very important that you find out exactly what mental health services your insurance policy covers.

You should also be aware that most insurance companies require you to authorize CDCW to provide them with a clinical diagnosis. Sometimes we may have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in very rare cases). This information will become part of the insurance company files and will probably be stored electronically. Though all insurance companies are required to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. We will provide you with a copy of any report submitted, if you request it. By signing below, you agree to hold us harmless from any liability or legal responsibility that may arise from the use or disclosure of medical information to your health insurance carrier. We will do our best to keep you apprised of any requests for information from your health insurance company.

It is important to remember that you always have the right to pay for our clinical services yourself to avoid disclosure to your insurance company as described above [unless prohibited by your insurance contract]. If you do NOT want your insurance billed for services, please make that clear to your therapist as soon as possible, as we usually submit billing on the day of service.

CONTACTING YOUR THERAPIST

Your therapist is often not immediately available by telephone. When unavailable, clinical staff's extensions provide voicemail that is monitored frequently. We make every effort to return your call on the same day, except for weekends and holidays. Your therapist may call late in the evening, so let them know if that is a problem. If you are difficult to reach, please provide several times when you will be available. If you are unable to reach your therapist and your call is of an urgent nature, an emergency number to reach them is provided on the voicemail. In the rare instance you do not get a response, you may wish to place another call/text message. If your therapist will be unavailable for an extended time, they will provide you with the name of a colleague to contact, if needed.

PROFESSIONAL RECORDS

The laws and standards of our profession require that treatment records are maintained for all patients. You are entitled to receive a copy of your records, or a summary can be prepared for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, it is recommended that you review them in the presence of your therapist so that they can discuss the contents with you. You will be charged an appropriate fee for any professional time spent in responding to information requests or reviewing the contents of your file with you.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a therapist is protected by law. Information about your therapy, or therapy with your child, cannot be disclosed/released to others without your written permission. In the case of minors, those between the ages of 12-17 years of age must authorize the release of their mental health records and communication in addition to a parent/guardian (see below). However, there are a few exceptions.

In most legal proceedings, you have the right to prevent any information about your treatment and mental health records from being disclosed. The courts very much support therapist/patient confidentiality. However, in some proceedings (*e.g.*, involving child custody and those in which your emotional condition is an important issue), a judge may order your treating therapist's testimony if he/she determines that the issues demand it. CDCW therapists will not participate in legal proceedings without a valid, mental health law compliant subpoena.

If there is reason to believe that a child, elderly person or disabled person is being abused, a report must be made with the appropriate state agency. Pursuant to the Illinois Abused and Neglected Child Reporting Act (ANCRA), therapists are "mandated reporters" who are required to report to the Illinois Department of Children and Family Services (DCFS) when they have *reasonable cause* to believe that a child known to them in their professional or official capacity is an abused or neglected child. If a call is placed, DCFS may investigate the situation, which may include speaking with the therapist, the child and the parent/guardian. If such a mandated report is to be made, it is CDCW policy to, *when possible*, first advise the patient/guardian that DCFS will be contacted. A therapist has immunity from any criminal or civil liability in the event that such a report is made in good faith, **even when made without the consent of the patient.**

If a patient threatens to harm himself/herself or someone else, the treating therapist may be obligated to seek hospitalization for the patient or to contact family members or others who can help provide protection. The above situations have rarely occurred in this practice. If such a situation occurs, every effort will be made to fully discuss it with you before taking any action.

Clinical therapists occasionally find it helpful to consult with other professionals about a case. During a consultation, every effort is made to avoid revealing the identity of the patient. The consultant is also legally bound to keep the information confidential. Although the therapist can discuss the provision of mental health services to you with the therapist's supervisor, a consulting therapist, members of a staff team participating in the provision of mental health services, with an interdisciplinary team, or with the therapist's legal counsel without your consent, this information can only be disclosed to the extent that knowledge of your mental health records or communications is essential to the purpose for which the disclosure is made *and* only after you are informed that such disclosure may be made.

While this written summary references some, but not all of the statutory exceptions to maintaining confidentiality and should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have. Your therapist will be happy to discuss these issues with you if you have any specific questions, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and CDCW therapists are not attorneys.

PATIENTS UNDER THE AGE OF 18 YEARS

If you are under 18 years of age, please be aware that the law provides your parents the right to have access to your mental health records and communications. Additionally, if you are between the ages of 12-17, we are required to seek your permission before we release any of your mental health records or communications to your parents or to a third party, unless your therapist feels there is a compelling reason to deny access to your mental health records and communications. If you do not consent to the release of your mental health records or communications to your parent/guardian, only general information about your treatment will be provided to them. However, disclosure of information may be necessary and/or mandated if your therapist has reasonable cause to believe that you are being harmed, or if there is a clear and imminent risk that you will seriously harm yourself or someone else. In those instances, you and your parents will be notified of such concern, and other notifications to designated agencies as mandated by IMHDDCA and/or ANCRA would be provided. A summary of your treatment may be provided to your parent(s) when it is complete. Before giving them any specific information, it will be discussed with you. Your therapist will work to best handle any objections you may have with what is to be discussed.

**Your signature below indicates that you have read the information in this document
and agree to abide by its terms during our professional relationship.**

Signature of Patient (12 years or older)

Date

Signature of Witness

Date

Signature of Parent/Guardian (if Patient is under 18)

Date

Signature of Clinician

Date