

## Authentically Living Psychological Services, PLLC

The purpose of the following agreement is to ensure that you, as the client, are informed of the business and administrative practices related to the services provided to you. This document contains important information about the professional services and business policies. Please read the entire document carefully and ask any questions that you may have or any concerns that may arise regarding its contents before signing.

**Psychological Services:** Services offered at the practice consist of individual therapy, family therapy, and group therapy. Therapy consists of weekly, bi-weekly, or monthly 45minute sessions. Scheduling regular appointments and consistent attendance leads to the best results. All appointments require advanced scheduling. Late cancellations or “no-shows” keep other people from receiving services, so if you need to cancel an appointment, we require 24 hours advance notice. For cancellations with less than 24 hours’ notice, missed appointments without any notice, or arriving more than 15 minutes late for a session, you will be charged the full professional fee for the session. You are allotted one missed appointment in which your fee will be waived. You will be charged the full fee for all future missed appointments in which you do not provide 24 hours’ advanced notice. Cancellation fees are not eligible for reimbursement through your insurance company.

Online courses are also available for those who do not have the current time, energy, or financial ability for regular therapy. Courses are not to be used in place of therapeutic services. Courses are informational and for resource purposes only.

**Fees & Insurance:** The practice is considered an out-of-network provider. This means that payment is expected at the time of your appointment. You will be provided monthly superbills to submit to your insurance company for reimbursement. It is important that you consult with your insurance provider prior to scheduling to determine what amount your insurance company will reimburse; it is your responsibility to seek this information. Please review the Insurance Guide Form for support to learn more about insurance reimbursement.

Initial Intake: \$255 45min

Individual Therapy: \$235 45min

Individual Therapy \$155 30min

Family Therapy/Couple’s Therapy: \$275 45min

Group Therapy: Varies

Please expect fees to increase between 3-5% at the start of each calendar year to account for inflation and business expenses. You will be reminded a month prior (December) to changes in fees.

All major credit cards and HSA are accepted. We ask that clients keep a valid form of payment on file so that we may collect any balances that remain outstanding. Your provider may halt services if a balance remains unpaid. Your provider may also recruit the use of a collection's agency should a balance remain unpaid.

Four weekly appointment slots are reserved for those needing financial assistance; Those needing financial assistance will be offered a sliding scale fee. For additional sliding scale options, refer to Open Path Psychotherapy Collective; they are a non-profit organization that provides low-rate mental health services. You may also refer to The National Alliance of Mental Illness (NAMI) for mental health support and assistance. Consult with your personal assistance programs, as you may be eligible for additional mental health assistance through your employment agency or disability benefits. If you are looking to work with an in-network provider, check out Psychology Today or refer to the list of providers paneled with your insurance company.

To learn more about our preference not to panel with insurance please read our Out-of-Network Form.

Good Faith Estimate: You reserve the right to receive a "Good Faith Estimate" explaining how much your medical care will cost. Under the law, health care providers are required to provide clients who do not have insurance, or who are choosing not to use insurance, an estimated cost for medical items and services.

You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.

Good Faith Estimates are required at least 1 business day before your medical service or item. You can also ask your health care provider for a Good Faith Estimate before your schedule an item or service.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.

Make sure to save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 800-985-3059.

Confidentiality: Communication between therapist and client is confidential. That is, the information is both protected and held privately. Information will be released to a third party only under the following conditions: a) The client(s) authorizes the clinician to release information with written permission, b) The client(s) threatens serious bodily harm to themselves or an identified party, c) The clinician learns that a child, older adult, or individual with disability is being abused or neglected, d) A court order demands the release or information is required or otherwise authorized by law.

If you are using insurance, certain information must be disclosed to your insurance carrier in relation to payment for services. If you are participating in couples or family therapy, each individual client retains their right to privacy even if another participating client authorizes disclosure of information.

Protection of information shared via electronic communication cannot be guaranteed and thus sharing sensitive information should be done so at your own discretion. Additionally, clinically relevant information may be shared internally within the practice, as clinicians participate in consultation to facilitate treatment planning.

Your provider may work under the supervision of another licensed provider. As a licensed professional, their supervisor is also required to adhere to all legal protections of your confidentiality.

Contact: If you need to contact your provider between sessions you may reach them at their direct number or by calling the central office line at 312-600-5989. If they are unable to answer, please leave a message. Calls will be returned as soon as possible. Calls longer than 10 minutes will be subject to a pro-rated charge of the full, customary fee.

If you are experiencing a clinical emergency, do not wait for a response. Contact 911 or go to the nearest emergency room immediately. The National Suicide Prevention Lifeline may be reached at 1-800-273-8255.

Legal Proceedings: If you are involved in legal proceedings and I am contacted by an attorney regarding your treatment (either at your request or related to a legal matter you are involved in) please note the following:

You and/or your attorney will be charged \$500 per hour for a minimum of four hours for any time spent preparing for or attending legal proceedings. This includes but is not limited to depositions and testimony in court. We also charge a reasonable, cost-based fee for any records you request yourself, and the current statutory fee for any records disclosed to a third-party pursuant to a valid court order. These fees are due in advance of any time spent on your legal matter. Confidentiality is of the utmost importance to the therapeutic relationship and to the practice. The special relationship between therapist and client is also

afforded special protection under the law. Without your signed authorization, in most cases the practice will require a lawful court order to disclose confidential records or communications.

Termination: The course of your treatment and eventual termination depends on the specifics of your goals, treatment plan, and progress. The therapist or you, as the client, can terminate therapy at any time.