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# **Treatment Agreement/Consent Form**

Welcome to Youth Services. This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss the matter at our next meeting. Once you sign this, it will constitute a binding agreement between us. We appreciate you giving us the opportunity to be of help to you.

## **Therapeutic Services**

Because you will be putting a good deal of time, money, and energy into therapy, you should choose a therapist carefully. We strongly believe you should feel comfortable with your therapist, and hopeful about the therapy process. When you feel this way, therapy is more likely to be very helpful.

We view therapy as a partnership between us. Together, we will identify the problem areas to be worked on, set goals, and review our progress. Psychotherapy is not like visiting a medical doctor. It requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. For example, if your therapist doesn't ask, we want you to tell the therapist about important experiences, what they mean to you, and what strong feelings are involved. This is one of the ways you are an active partner in therapy.

As with any powerful treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk clients will have for a time uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. In therapy, major life decisions are sometimes made, including decisions involving separation within families, development of other types of relationships, changing employment settings and changing life-styles. These decisions are a legitimate outcome of the therapy experience and as a result of an individual calling into question many of his/her beliefs and values.

Psychotherapy has also been shown to have benefits for people who undertake it. Therapy often leads to a significant reduction in feelings of distress, better relationships, improved coping skills, resolution of specific problems, and clarity of personal goals and values. There are no guarantees about what will happen. Your therapist will be available to discuss any of your assumptions, problems, or possible negative side effects in your work together.

### What to Expect from the Therapeutic Relationship

As professionals, we will use our best knowledge and skills to help you. This includes following the rules and standards by our professional affiliations. In your best interests, these professional organizations put limits on the relationship between a therapist and a client, and we will abide by these. Let us explain these limits, so you will not think they are personal responses to you.

First, we are licensed and trained to deliver mental health services -not law, medicine, or any other profession. We are not able to give you good advice from these other professional viewpoints.

Second, state laws and the rules of our professional affiliations require us to keep what you tell your therapist confidential (that is, private). You can trust us not to tell anyone else what you tell your therapist, except in certain limited situations. We explain what those are in the "Confidentiality" section below. Here we want to explain that we do not reveal who our clients are. This is part of our efforts to maintain your privacy. If you meet your therapist on the street or socially, he/she may not say hello or talk to you very much. Their behavior will not be a personal reaction to you, but a way to maintain the confidentiality of your relationship.

Third, in your best interest and following professional rules and standards, your therapist can only be your therapist. Your therapist cannot have any other role in your life. Your therapist cannot, now or ever, be a close friend or socialize with any of their clients. Therapists cannot be a therapist to someone who is already a friend. Therapists can never have a sexual or romantic relationship with any client during, or after, the course of therapy. Therapists cannot have a business relationship with any of their clients, other than the therapy relationship.

## Confidentiality

We will treat all the information you share with us with great care. It is your legal right that our sessions and the therapeutic record about you are kept private. That is why we ask you to sign a "release-of-records/information" form before we can talk about you or send our records about you to anyone else. In general, we will tell no one what you tell your therapist. We will not even reveal that you are receiving therapy at Youth Services.

In all but a few rare situations, your confidentiality (that is, your privacy) is protected by state law and by the rules of our profession. Here are the most common cases in which confidentiality is not protected:

- 1. If you were sent to therapy by a court for evaluation or treatment, the court expects a report from your therapist. If this is your situation, please talk with your therapist before you tell him/her anything you do not want the court to know. You have a right to tell your therapist only what you are comfortable with telling.
- 2. Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing a therapist, you may then be ordered to show the court your therapeutic records. Please consult your lawyer about these issues.
- 3. If you make a serious threat to harm yourself or another person, the law requires your therapist to try to protect you or that other person. This usually means telling others about the threat. Your therapist cannot promise never to tell others about threats you make.
- 4. If your therapist believes a child has been or will be abused or neglected, they are legally required to report this to the authorities.

There are two situations in which your therapist might talk about part of your case with another therapist. We ask now for your understanding and agreement to let your therapist do so in these two situations.

First, when your therapist is away from the office for a few days, other clinical staff "cover" for your therapist. This therapist will be available to you in case of an emergency and therefore will need to know about you. Generally, your therapist will tell this therapist only what he or she needs to know for an emergency. Of course, this therapist is bound by the same laws and rules as your therapist to protect your confidentiality.

Second, therapists consult with other therapists about their clients. In your case, Youth Services' clinical staff participates in consultation with their clinical supervisors and colleagues. .Consultation/supervision aids your therapist in giving high-quality care. These persons are also required to keep your information private.

If your records need to be seen by another professional, or anyone else, we will discuss it with you. If you agree to share these records, you will need to sign a release form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask your therapist.

Generally, your health insurance company will receive only our statements. This gives the dates of our appointments, our charges, and a diagnosis. It will become part of your permanent medical record. This is necessary in order for the insurance company to pay for services.

As part of cost control efforts, an insurance company will sometimes ask for more information on symptoms, diagnoses, and your therapist's treatment methods. We will let you know if this should occur and what the company has asked for. Please understand that we have no control over how these records are handled at the insurance company. Our policy is to provide only as much information as the insurance company will need to pay your benefits.

## **Our Appointments**

An appointment is a commitment to our work. We agree to meet and to be on time. If your therapist is ever unable to start on time, we ask for your understanding. We also assure you that you will receive the full time agreed to. If you are late, we will probably be unable to meet for the full time. It is likely that your therapist will have another appointment after yours.

A canceled appointment delays our work. Your therapist considers your meetings very important and we ask you to do the same. Please try not to miss sessions if you can possibly help it. Your therapist will reserve a regular appointment time for you into the foreseeable future. He/she also do this for their other clients. Therefore, it can be difficult to find an alternative time for you. You will be charged the full fee for sessions canceled with less than 24 hours' notice, for other than the most serious reasons. DO NOTE: insurance companies do not reimburse for missed appointments, or for late cancellations, and the cost will passed on to you, the client.

We are unable to provide supervision for children in the waiting room and cannot accept responsibility for their safety if left unattended. For the safety and welfare of the children, and out of consideration for others, please make other arrangements for children during therapy sessions. Parents will be held responsible for any property damage caused by their children.

# Fees, Payments, and Billing

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless your insurance coverage requires another arrangement. Our current regular fees are as follows. You will be given advance notice if our fees should change.

often conducted in your home and usually take between one and a half hours to two hours.

\*Regular therapy services: For a session of \_\_\_\_\_ minutes, the fee is \$\_\_\_\_\_. Please pay for each session at time of service. This arrangement allows Youth Services to keep fees as low as possible. Other payment or fee arrangements must be worked out before the end of our first meeting.

Assessment/Intake: Our fee for the initial assessment and intake is \$165.00. Assessment and intakes are

**Telephone consultations**: We will charge our regular fee, prorated over the time needed. If we need to have long telephone conferences with other professionals as part of your treatment, you will be billed for these at the same rate as for regular therapy services. If you are concerned about all this, please be sure to discuss it with your therapist in advance so you can set a policy that is comfortable for both of you. Of course, there is no charge for calls about appointments, billing or similar business.

*Other services*: Charges for other services, such as hospital visits, consultations with other therapists, home visits, or any court-related services (such as consultations with lawyers, depositions, or attendance at courtroom proceedings) will be based on the time involved in providing the service at your regular fee schedule. Some services may require payment in advance.

Because we expect all payment at the time of our meetings, we usually do not send bills. However, if we have agreed that you will billed, we ask that the bill be paid within 5 days of when you receive it. If bills are not being paid in a timely manner we may require you conform to the general policy and pay at time of service.

If you think you may have trouble paying for services, please discuss this with your therapist so we can arrive at a solution.

If there is any problem with our charges, our billing, your insurance, or any other money-related point, please bring it to your therapist's attention. We will do the same with you. Such problems can interfere greatly with our work. They must be worked out openly and in a timely manner.

## **Health Insurance Coverage and Payments**

Because Youth Services is staffed with licensed mental health professionals, many health insurance plans will help you pay for therapy and other services we offer. These plans include BlueCross/BlueShield and most major medical plans. Because health insurance is written by many different companies, we cannot tell you what your plan covers. Please read your plan's booklet under coverage for "Outpatient Psychotherapy" or under "Treatment of Mental and Nervous Conditions", or call your insurer's office to determine your coverage. If your health insurance will pay part of your cost for service and you chose to use your insurance, Youth Services will process your insurance claims for you. However, please keep three things in mind:

- 1. We have no role in deciding what your insurance covers. Your insurance company decides which, if any, of our services will be covered and how much Youth Services will be paid. You are responsible for checking your insurance coverage, deductibles, payment rates, copayments, and so forth. Your insurance contract is between you and your company; it is not between Youth Services and the insurance company.
- 2. You, not your insurance company or any other person or company--"are responsible for paying the fees we agree upon. If you ask us to bill a separated spouse, a relative, or an insurance company, and Youth Services does not receive payment on time, we will then expect this payment from you.
- 3. Most insurance agreements require you to authorize Youth Services to provide a clinical diagnosis, and sometimes additional information such as a treatment plan or summary, or possibly even a copy of the entire record. This information will become part of the insurance company files, and, some or all of it may be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, Youth Services has no control over it. In some cases they may share the information with a national information data bank.

Please read the Health Insurance Portability and Accountability Act (HIPPA), a federal law offering greater protection for your personal health information, displayed in the waiting room at all times. Signing this document will indicate you understand your HIPPA rights

#### If You Have a Managed Care Contract

If your insurance company contracts with managed care, decisions about what kind of care you need and how much of it you can receive will be reviewed by the plan.

- 1. You must call your company first as it has rules, limits, and procedures that you should know before beginning therapy. Please bring your health insurance plan's description of services to our first meeting, and your insurance card so that we can talk about it and decide what to do.
- 2. In order to help you with any health insurance benefits, Youth Services will have to send information about you to your managed care company (if you have one) or to an agent of your insurance company. These companies are increasingly asking for more information about clients and will want to know about your problems, symptoms, family and work life, and so forth. This information will be reviewed by the staff of the insurance and managed care companies.
- 3. Youth Services will provide information about you to your insurance company only with your informed and written consent. We may send this information by mail or by fax. Youth Services will try its best to maintain the privacy of your records.

# If You Need to Contact Your Therapist

Because Youth Services is an outpatient agency, your therapist cannot promise he/she will be available at all times. Although the office is in operation Monday through Friday from 8:30a-5:30p your therapist will be unable to take telephone calls when they are with their clients. You can always leave a message on your therapist's voicemail and he/she will return your call as soon as possible. Generally, your therapist will return messages daily except on the weekends and holidays. If you have a dire emergency you may contact the on-call clinician through our emergency phone system.

If you have a behavioral or emotional crisis and cannot reach your therapist or the on-call clinician, you and your family members need to call 911 or go to the nearest emergency room for assistance.

## If Your Therapist Needs to Contact Someone about You

If there is an emergency during our work together, or if your therapist becomes concerned about your personal safety, we are required by law and by the rules of our profession to contact someone close to you--perhaps a relative, spouse, or close friend. We are also required to contact this person, or the authorities, if we become concerned about your harming someone else. Please write down the name and information of your chosen contact person in the blanks provided below:

NAME:					
ADDRESS: _					
_					
TELEPHONE NUMBER:					
RELATIONS	HIP to YOU:				

#### **USE of DE-IDENTIFIED DATA and RECORDINGS**

Youth Services is a training facility for masters and doctoral students. Therefore, the students may be asked to present data or report drafts in a supervisory seminar. All data or drafts presented will be un-identified (i.e., will contain no identifying information, such as name, address, phone/email, date of birth, location of residence, school name, family members, teachers, friends, etc.).

Additionally, the use of audio recording may be used solely for the purposes of clinical supervision. All recordings will be erased or destroyed after the supervision session. Any content of the recorded interview will be maintained as confidential.

### **Our Agreement**

I, the client (or his or her parent or guardian), understand I have the right not to sign this form. I understand I can choose to discuss my concerns with my therapist, before I start (or the client starts) formal therapy. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the therapy I have questions about any of the subjects discussed above, I can talk with my therapist about them, and my therapist will do his/her best to answer them.

I understand that after therapy begins, I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with my therapist before ending therapy.

I have read, or have had read to me, the issues and points in this document. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this document. I hereby agree to enter into therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature below.

	Signature of client	Date
	Printed Name	
	Signature of person acting for client	Date
	Printed Name	
Relationship to client:		
informed him or her of the i this person fully understand	th this client (and/or his or her parent or guardian) for ssues and points raised in this document. I have response the issues, and I find no reason to believe this person to enter into therapy with the client, as shown by my	onded to all his or her questions. I believe in is not fully competent to give informed
	Signature of Therapist	Date
☐ Copy accepted by clien	t □ Copy kept by therapist	