

for each session will be due and must be paid at the conclusion of each session. Cash or personal checks are acceptable forms of payment and possibly credit cards. In the event that

you are unable to keep your appointment, you must notify me 24 hours in advance. If I do not receive such advance notice, you will be financially responsible for the entire time of the session that you missed.

Some insurance companies will reimburse clients for my counseling services and some will not. In addition, most will require that I diagnose your mental-health condition and indicate that you have an "illness" before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case,

I will inform you of the diagnosis I plan to render before I inform your health insurance company. Any diagnosis will become part of your permanent insurance record. Please see the Illinois "HIPAA" Form that I have provided you.

If you wish to seek reimbursement for my services from your health insurance company, I will be happy to complete any forms that are related to your reimbursement provided by you or the insurance company. Because you will be paying me each session for my services, any later reimbursement by the insurance company will be sent directly to you. Please do not assign any payments to me.

Those insurance companies that usually do reimburse for counselors usually require that a standard amount be paid ("a deductible") by you before reimbursement is allowed, and then usually a percentage of my fee is reimbursable. You should contact your insurance company representative to determine whether your insurance company will reimburse you and what schedule of reimbursement is used.

Discussion of the Treatment Plan

Within a reasonable period of time after the initiation of treatment, I will discuss with you (the client) my working understanding of the problem, counseling plan, counseling objectives, and view of the possible outcomes of the process. If you have any unanswered questions about any of the procedures used in the course of your counseling, their possible risks, my expertise in employing them, or about the counseling plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that I do not provide, I have an ethical obligation to assist you in obtaining those treatments.

Records and Confidentiality

All of our communications becomes part of the clinical record, which is accessible to you on request provided that in my estimate viewing your record will not cause psychological or emotional harm. I will keep confidential anything you say to me, with the following exceptions: (1) you direct me to tell someone else in writing, (2) I determine you are a danger to yourself or others, (3) I am ordered by a court to disclose information (4) other disclosures as outlined in the "Illinois HIPAA Notice" that you have been provided.

Confidentiality of E-Mail, Cell-Phone and Fax Communications

It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such types of communication can be compromised. E-mails (electronic mail), in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all forms of e-mail(s) that go through them. Faxes can easily be sent erroneously to the wrong address. Please notify me at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the abovementioned communication devices. Please do not use e-mail or faxes for emergencies.

Consultation with other Professionals

I consult regularly with other professionals regarding my clients; however, your name or other kinds identifying information is never mentioned. Your identity will remain completely anonymous during such consultations and confidentiality is fully maintained.

Mandated Reporter

As a Licensed Clinical Professional Counselor, I am mandated to report certain activities that are deemed illegal in the state of Illinois. These include actual and/or suspected child abuse and neglect, actual and/or suspected child molestation and actual and/or suspected pedophilia. This also includes suspected or actual abuse and neglect directed towards an elderly person. I will inform you if you will be reported to state officials.

Litigation Limitation

Due to the nature of the therapeutic process and the fact that it often involves making a full and honest disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you ("client") nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the counseling records be requested. → Initial

Mediation and Arbitration

All disputes arising out of or in relation to this agreement to provide counseling services shall be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. Therefore, the mediator shall be a neutral third party chosen by agreement of between you and I (Counselor and Client). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Cook County, Illinois in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, I can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

Telephone Contact and Emergency Procedures: If you need to contact me between sessions, please leave a message on my voicemail at 773-704-5300 and your call will be returned as soon as possible. I check his messages a few times a day, unless I am out of town or otherwise preoccupied. If we speak on the phone in between scheduled sessions and our conversations go beyond ten minutes, you will be billed accordingly for the time as if it were a regular "session". If an urgent situation arises, please indicate it clearly in your message. If you need to talk to someone right away (an emergency), call the 24-hour crisis hotline at (800) 784-2433 or the Police (911).

Counselor's Signature

Date: _____

Client's Signature

Date: _____