

## **Womencare Counseling & Training Center Consent for Services and Acknowledgement of Financial Obligations**



### **Who We Are:**

*Womencare Counseling & Training Center provides comprehensive counseling services to people of all ages, genders, and identities through individual, couple/relationship, and family therapy, and on-going and time-limited groups. We believe that change occurs as part of a collaborative process between client and therapist, and that it is through change that we can restore life's meaning and develop healthy relationships with others and ourselves.*

*We look forward to working with you.*

### **Consent for Treatment:**

Womencare Counseling & Training Center, hereinafter "Womencare," provides psychotherapy services. We understand that the decision to enter therapy can be a difficult one. Therapy includes processing life experiences which may evoke positive or negative feelings. There is no way to estimate the duration of, or quantify the results, as the therapeutic process is dynamic and unique to the issues, needs, and types of treatment that are most effective to each individual. Therapy requires commitment, effort, and consistent participation on your part to secure the best results.

Consistent sessions are necessary for effective therapy. Should a higher level of care be indicated, your therapist will work with you to achieve the most appropriate level of care and offer you the resources with a level of service appropriate to your needs.

If at any point you are unhappy about the progress, process, or outcome of your treatment, please discuss this with your therapist so that, together, attempts can be made to resolve any difficulties and/or arrive at a treatment plan that better meets your needs.

By signing at the bottom of this document you consent to participate in mental health services/therapy.

### **Telemental Health:**

You further hereby consent to participate in telemental health as part of your services, if applicable. You understand that telemental health is the practice of delivering clinical health care services via technology assisted media or other electronic means between you and your therapist, who are located in two different locations. You understand the following with respect to telemental health:

- 1) You have the right to withdraw consent at any time without affecting your right to future care, services, or program benefits to which you would otherwise be entitled.

- 2) There are risks and consequences associated with telemental health, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
- 3) There will be no recording of any kind of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
- 4) The privacy laws that protect the confidentiality of my protected health information also apply to telemental health unless an exception to confidentiality applies.
- 5) If you are having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telemental health services are not appropriate and a higher level of care is required.
- 6) During a telemental health session, you and your therapist could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If you are unable to reconnect within ten minutes, please call your therapist at 847-475-7003, or another number your therapist has given you, to discuss since you may have to re-schedule.

**In-Person Visits:**

Due to the evolving nature of information about Covid-19 risks, Womencare, your therapist and you will continue to discuss and collaborate around the delivery of your care to make decisions about in-person visits, or a hybrid of telehealth and in-person visits. Womencare may change the below precautions if additional local, state or federal orders or guidelines are published. You understand the following with respect to in-person visits:

- 1) If you or another member of your household is feeling ill, has a fever, or has been exposed or diagnosed with Covid-19 in the days leading up to your in-person scheduled appointment, you will call and either cancel or request a telehealth session.
- 2) Womencare does not currently have a waiting room in order to reduce risk of exposure. You and your therapist will make arrangements for how best you can enter into the office at your appointment time.
- 3) You will wear a mask as you enter and leave Womencare’s offices. You and your therapist will discuss and agree upon whether to wear a mask during our appointments.

**Emergency Protocols:**

If you are in an emergency, you will agree to provide your therapist with your location, including the address where you are located. Your therapist requires that an emergency contact person be listed. They will be contacted in a life-threatening emergency only. This person will only be contacted to go to your location or take you to the hospital in the event of an emergency.

EMERGENCY CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**Confidentiality:**

The confidentiality of communication between you and your therapist is very important and is protected by the ethical practices of the therapist as well as State and Federal Law. Womencare will make every effort to keep information regarding your evaluation, diagnosis and treatment strictly confidential.

A consent for release of information must be reviewed and signed by you in order for oral, written or electronic information about you to be released by Womencare to any other person or agency absent emergent circumstances.

All records or communications related to therapy are confidential and confidences shall be maintained except as required by law, including, HIPAA and the Illinois Mental Health and Developmental Disabilities Confidentiality Act. These confidentiality laws and regulations do have exceptions which allow, and under certain circumstances, mandate that a therapist divulge information which is necessary to protect from imminent harm, emergency situations, child and elder abuse and the like. If you become involved in certain types of court proceedings wherein you have placed your mental health into issue in your claims or defenses, your records and information may be subject to disclosure.

**Sessions/Cancellation Policy:**

Therapy sessions are generally between 45 - 55 minutes long, although the precise length may vary. Please arrive on time. If you are late your appointment time will not be extended.

Any cancellation or rescheduling of an appointment must be done at least 24 hours prior to your appointment by calling or emailing your therapist. Failure to cancel with at least 24 hours' notice will require that you personally pay the full fee for the missed session. It is important for you to understand that your therapist has set aside your appointment time for you and therefore you will be charged if you are unable to attend.

***Note: Fees for missed sessions are never paid by insurance companies and therefore you will be responsible for the full payment for any missed appointments.***

**Fees, Payments and Insurance:**

Womencare is committed to the successful treatment of your condition. Please understand that payment of your bill is considered part of your treatment. Your clear understanding of the financial and practice policies is important to the professional relationship. If you think you may have trouble paying your bill on time, please discuss this with your therapist so a solution can be attempted. Please reach out to Womencare directly if you have any questions regarding this.

**Private Pay/ Uninsured:**

If you are not using insurance to pay for your therapy for any reason, you will be expected to pay the entire session fee, for each session at the time of the session. Womencare accepts payment in the form of cash, check, VISA, or Mastercard, and Zelle. Fees are established on a sliding scale. Clients are responsible to re-negotiate their fee if their income becomes significantly higher or lower.

Your fee for service is \$\_\_\_\_\_ for the 45 - 55 minute session.

**In-network:**

If your therapist is an in-network provider of your insurance network, Womenscare will bill your insurance company directly as a convenience offered to you. Womenscare must comply with and accept payment pursuant to the contract that both they and you have with the insurance company. The rates for in-network insurance companies may not be negotiated; they are fixed by contract. You are responsible, by law, for any co-payments, deductibles or services not covered by your policy. You must keep your therapist and Womenscare informed immediately regarding any changes to your insurance. You will be ultimately responsible for the cost of services provided which are not reimbursed by insurance providers for whatever reason they are not covered.

There are certain services that Womenscare provides that are not covered by insurance companies, including, but not limited to, report writing, reading, drafting of summaries, consultations with other professionals, expenses related to any legal process (including attorney's fees). If any of these uncovered services or expenses are provided or incurred, your fee for service is \$35 / 15 - 30 minutes.

Please note that phone communication outside of telehealth therapy sessions is not covered under telehealth by your insurance plan. If you have a telephone conversation with Womenscare that extends beyond 15 minutes, you will be personally responsible to pay at a rate equal to your ordinary office/telehealth hourly fee prorated for the duration of the call.

**Please check & initial one of the two options below.**

\_\_\_\_\_ **I authorize** Womenscare to act as my agent helping me to obtain payment from my healthcare provider, as an in-network provider, as outlined above. I also authorize the release of necessary information to the insurance company for the pursuit of payment. If my healthcare company changes, it is my responsibility to let Womenscare know immediately. If not, I will be responsible for payment of the balance on my account. I authorize insurance payments directly to Womenscare.

\_\_\_\_\_ **I do not authorize** Womenscare to contact my healthcare provider for 3rd party payment. I understand that if I have insurance and have decided not to process any claims through my insurance company for any reason, I am personally obligated to pay the private pay/non-insured rates and waive any rights to a reimbursement rate as provided under my insurance policy. If at any time I choose to seek reimbursement for my services through any insurance policy, I will notify Womenscare and amend this section to provide for reimbursement for any prospective appointments and waive my rights to any prior completed appointments and costs.

**Out-of-Network:**

If your therapist is an out-of-network provider of your insurance network, you must pay the full private pay rate and Womenscare will provide you with a bill or statement suitable to present to your insurance company to secure any out-of-network reimbursement your plan provides.

Failure to keep payments current may result in termination of services.

**Telephone and Emergency Procedures:**

Due to your therapist’s work schedule, your therapist is often not immediately available by telephone. While your therapist may be in the office, your therapist is generally in session and unable to answer the phone immediately. If your therapist is or will be unavailable for an extended period of time, your therapist will either provide a covering therapist’s contact information on your therapist’s voicemail message or provide you with the name of a colleague to contact, if necessary.

Womenscare is unable to guarantee continuous 24-hour crisis services. In the event of an emergency or a life-threatening situation, go to the nearest local emergency room or call one of the following:

**National Suicide Prevention Hotline:** 800-273-8255

**Chicago Rape Crisis Hotline:** 888-293-2080

**Trans Lifeline:** 877-565-8860

**Blackline:** 800-604-5841

**Communication:**

I authorize Womenscare to communicate with me in the following ways:

(Please Check & Initial)

- \_\_\_\_\_ Call /     \_\_\_\_\_ Leave a message - Cellular phone \_\_\_\_\_
- \_\_\_\_\_ Call /     \_\_\_\_\_ Leave a message - Home phone \_\_\_\_\_
- \_\_\_\_\_ Call /     \_\_\_\_\_ Leave a message - Office phone \_\_\_\_\_

**Email and Texting:**

Please note that the regular use of email or texting is not HIPAA compliant and does not meet the ethical standards of therapists in the State of Illinois. Absent your specific direction to use these modes of communication, Womenscare and your therapist will only utilize them in cases of emergency. If you choose to communicate by email or text, there is no contemplation of privacy. While it is unlikely that anyone will see or acquire copies of any such communication, they are, by their nature, not secured.

I authorize Womenscare to communicate with me in the following ways:

(Please Check & Initial)

- \_\_\_\_\_ Communicate by Email: \_\_\_\_\_
- \_\_\_\_\_ Communicate by Text: \_\_\_\_\_

**Termination of Therapy:**

The length of your treatment and the timing of the eventual ending of your therapy depends on the specifics of your treatment plan and the progress you achieve. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals. Termination may also occur for other reasons, including but not limited to you or your therapist moving out of state.

You may discontinue therapy at any time. If you or your therapist determine you are not benefitting from treatment, either you or your therapist may elect to initiate a discussion of your treatment alternatives and/or notify you of intention to terminate. If possible, upon termination your therapist will attempt to provide you with referral resources.

Womencare requires at least two sessions for termination. However this may be longer or shorter and will happen in collaboration with your therapist.

**Divorce /Separation Agreement:**

When Womencare provides services to individuals, children or adults, of families experiencing separation or divorce, the purpose is to aid the patient whom Womencare is seeing through the challenges inherent with these trying circumstances, not to become a witness in the proceedings. Your therapist will not participate in or provide opinion in any custody arrangements, visitation schedules, or other family court matters. Womencare does require both parents who share joint custody of a minor to sign this form stating their consent for their minor to receive therapy.

**HIPAA: (Please Check & Initial)**

HIPAA: I understand, and have been given a copy of the Privacy Notice as required by the Health Insurance Portability and Accountability Act. I will ask for explanation and clarification of any part of the notice I do not understand.

**Consent to Treatment of Minors under 18 Years Old (If Applicable):**

This section must be completed by the parent or legal guardian of each minor who attends therapy sessions.

I certify that I am the parent or legal guardian and have legal authority to consent to mental health services for the above-named patient and accept financial responsibilities for any services provided by Womencare.

I, hereby, give my authorization and consent for the patient to receive outpatient treatment from Womencare.

Please note that minors 12 years of age and over have many privacy rights similar to adults, however, in the event that the minor is making poor decisions that are dangerous and rise to an imminent risk of harm, disease, or death, the parent will be notified immediately.

**I hereby consent to the treatment of the above identified patient subject to the terms outlined hereinabove:**

Patient name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Patient signature: \_\_\_\_\_

Parent/Legal Guardian name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Legal Guardian signature: \_\_\_\_\_

Parent/Legal Guardian name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Legal Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Guarantee**

I, as guarantor/person assuming financial responsibility, understand that I will be unconditionally responsible for the payment of any uncovered services, costs, and expenses provided to the above identified patient in return for providing services to the identified patient. It is understood that as guarantor of payment I agree that prior to discontinuance of my unconditional responsibility to pay for charges contemplated in this document, I shall give no less than 90 days' notice of my intent to discontinue to Womencare in writing.

Guarantor's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Guarantor's Signature (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_