

Mental Edge Counseling, LLC

Dear New Client,

I am looking forward to meeting with you for our first session. Because I would rather focus on you and your present concerns to have more time to talk. I have included some information about Mental Edge Counseling LLC and our professional services and business policies for you to review before we meet. Please read this information carefully and make note of any questions you might have so that we can discuss them at our initial session.

All of this information is available on our website and you can review it at any time there, or print it out from our website, www.mentaledgeworkingllc.com, whenever you would like a copy.

I look forward to meeting, and speaking with you.

PRACTICE AND PAYMENT POLICIES

Length of Sessions

All clinical sessions are 45-55 minutes in length, although a longer session may be scheduled if needed. Sport consultation sessions may range between 25-50 minutes in length.

Lateness

Please come on time. Because I may have another appointment right after you, I will most likely be unable to extend past our usual end time. Your full fee will be due even if you are late. If I am running late, I will either prorate your session fee (if possible, given your payment situation) or extend the time.

Also, do not bring children with you if they need babysitting or supervision. Older children can wait in the waiting room, but please bring items to keep them occupied during your session.

Insurance

I only accept Blue Cross Blue Shield of Illinois. For all other insurance providers, I would be considered an "out-of-network" provider. It is your responsibility to ensure that you are covered. We can discuss how to ensure this if it would be helpful during your initial session. You will be charged if your insurance does not pay your bill as you expected.

Rates

My regular clinical session rate for an initial intake session is \$150. My clinical session rate for an individual therapy session is \$125 for a 45-minute session and \$150 for a 55-minute session, or determined by your health insurance. My sport consultation rate is \$125 per 50 minute session.

In addition to your weekly appointments, I charge for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 5 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

Means of Payment

I accept cash, check or credit card.

I do ask that you keep a credit card on file with me for billing purposes. I accept Visa, MasterCard, Amex, or Discover cards. You may pay for your sessions including co-payments, deductibles or any amount that is not covered by your insurance, with whichever method you choose. However, due to the billing system I use, your credit card will be charged automatically for sessions that are cancelled with less than 24-hours notice, missed sessions, and any amount that is not paid within 15 days of receiving an invoice. Any charges will show up on your statement as "Mental Edge Counseling, LLC."

Time of Payment

Fees or copayments are due at the beginning of each session. Because I expect all payment at the time of our meetings, I usually do not send bills. However, if we have agreed that I will bill you, I ask that the bill be paid within 30 days of when you receive it.

Receipts

If you would like a receipt, please let me know. I will print out or e-mail you a receipt on a monthly basis, upon request.

Cancellation Policy and Fee

If you cancel a session with less than 24-hours advance notice, I will charge you your regular session rate for the missed appointment. Your insurance will not cover this charge. Cancellations for a Monday appointment should be made no later than Saturday morning.

No-show Fee

If you do not show up for your appointment and do not call, I will charge you your regular session rate. Your insurance will not cover this charge. We cannot schedule another appointment until that fee is paid.

Non-payment of Fee

If you have not paid your psychotherapy fees and do not respond to my attempts to contact you and work out a payment plan, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. By coming to see me, you agree to this policy. A late fee of 20% of the unpaid balance will be charged each month that a balance remains unpaid.

Phone Messages

I am often not immediately available by telephone. You can always leave a message on my voicemail and I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you leave me a message on a Saturday or a Sunday, I may not be able to return your call until Monday. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

Text Messaging

I will receive and respond to text messages. However, please be advised that text messages are unencrypted forms of communication and could result in an unintended breach of confidentiality. By signing this form you are agreeing to send and receive unencrypted text messages. Please be advised that I may not check or

respond to text messages for a period of 2 business days or longer. Please put an “x” through this section if you would prefer not to communicate via text message.

Email

Please feel free to communicate with me by email. Please be advised that I may take up to 2 business days or longer to respond to an email. I will do my best to assure your confidentiality through email but due to viruses, hackers, etc., no email correspondence can be guaranteed to be confidential. Do not send any information that you would consider to be sensitive information through email. By signing this form you agree to receive unencrypted email correspondence.

Contact

I will not be available at all times. Please feel free to discuss with me my availability and if you think this will be a problem, I will gladly give you a referral to someone else who may meet your needs better.

Emergencies

If you have a behavioral or emotional crisis and cannot reach me immediately by telephone, you should call one of the following community emergency agencies: Crisis Line of Will County at (815) 744-5280 or your local hospital emergency room. If you are experiencing what may be a life-threatening emergency, do not call me first. Instead call 9-1-1 or go to your nearest hospital emergency room.

In Case of Emergency

If you are feeling suicidal, do not call me, since I may not be available 24/7. Instead, it is your responsibility to seek out help immediately. Go to your nearest emergency room or call 911. If there is an emergency and I become concerned about your personal safety, I may need to contact someone close to you—perhaps a relative, spouse, or close friend. I may also need to contact this person, or the authorities, if I become concerned about your harming someone else, especially children or the elderly.

I acknowledge that I have read this document and agree to its provisions:

_____	_____	_____
Printed Name (Client)	Signature	Date
_____	_____	_____
Printed Name (Guardian-if applicable)	Signature	Date

INFORMATION FOR CLIENTS

About Therapy

I view therapy as a partnership between us. You define the problem areas to be worked on; I use my knowledge to help you make the changes you want to make. It requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors.

An important part of your therapy will be practicing new skills that you will learn in our sessions. I will ask you to practice outside our meetings, and we will work together to set up homework assignments for you. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change.

Change will sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying. There are no instant, painless cures, and changes will likely take time and effort. However, you can learn new ways of looking at your problems that will be very helpful for changing your feelings and reactions.

Our first few sessions

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion. I normally conduct an evaluation that will last from 1 to 3 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals.

Frequency of Therapy

Most of my clients see me on a weekly or twice weekly basis. Some issues can be improved in 3 to 4 months of therapy. Other problems need long-term treatment. After our evaluation is complete, I can answer questions you have about the length of your therapy.

Ending Therapy

The process of ending therapy, called "termination," can be a very valuable part of our work. If you wish to stop therapy at any time, I ask that you agree now to meet then for at least one more session to review our work together. If you would like to take a "time out" from therapy to try it on your own, we can discuss this. This discussion can make a "time out" be more helpful.

Risks of Therapy

As with any treatment, there are some risks with therapy. There is a risk that you will have uncomfortable and experience negative feelings during therapy. You may recall unpleasant and distressing memories. In addition, some people in the community may mistakenly view anyone in therapy in various negative lights. You may decide to change some relationships and this may invoke some uncomfortable feelings and challenges. Often, a client's problems and feelings can temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you.

Benefits of Therapy

The benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifted. Others may no longer feel as afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

Additional and Alternative Treatments

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or use of medication. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, I will coordinate my services with them and with your own medical doctor. If you wish for another professional's opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide him or her with the information needed.

What to Expect from Our Relationship

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of my professional organization, which puts ethical limits on the relationship between a therapist and a client. I will do my utmost not to reveal that you are a client to maintain your privacy. If we meet on the street or socially, I will not say hello or talk to you unless you initiate contact; this is not a negative personal reaction to you; instead, I am trying to maintain your confidentiality. If you choose to say hello or greet me that is your choice and I will let you make the first move towards acknowledging me outside of our therapy sessions. Also, I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend to or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I cannot have a business relationship with any of my clients, other than the therapy relationship. Even if you might invite me, I will not attend your family gatherings, such as parties or weddings.

No Court Testimony

If you ever become involved in a divorce or custody dispute, or any other legal matter, I will not provide evaluations or expert testimony in court. Your signature indicates your agreement with this provision.

Complaint Procedures

If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I, or any other therapist, has treated you unfairly or has even broken a professional rule, please tell me. You can also contact the state or local psychological association and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint.

Questions

Please feel free to ask any questions you have about therapy at any time. (815) 277-1092.

Confidentiality Information

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a “release-of-records” form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me. In all but a few rare situations, your confidentiality (that is, our privacy) is protected by federal and state laws and by the rules of my profession.

Insurance and Your Information

If you use your health insurance to pay a part of my fees, insurance companies require some information about our therapy. Insurers such as Blue Cross/Blue Shield may ask for information about you and your symptoms, as well as a detailed treatment plan. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company will need to pay your benefits.

Legal Limitations to Confidentiality

You have the right to ask that your information not be shared with family members or others, and I can agree to that limitation. If you are a minor, there may be some information I need to share with your parents or guardians but I will discuss those matters with you before I talk to your parents or guardians. You can also tell me if you want me to send mail or phone you at a more private address or number than, say, your home or workplace. If this is of concern to you, please tell me so that we can make arrangements.

You have the right to keep what you tell me private. Generally, no one will learn of our work without your written permission. There are some situations in which I am required by law to reveal some of the things you tell me, even without your permission. Here are some of these situations:

A. If I come to believe that you are threatening serious harm to another person, I am required to try to protect that person. I may have to tell the person and the police, or perhaps try to have you put in a hospital.

B. If you seriously threaten or act in a way that is very likely to harm yourself, I may have to seek a hospital for you, or to call on your family members or others who can help protect you. If such a situation does come up, I will fully discuss the situation with you before I do anything, unless there is a very strong reason not to.

C. In an emergency where your life or health is in danger, and I cannot get your consent, I may give another professional some information to protect your life. I will try to get your permission first, and I will discuss this with you as soon as possible afterwards.

D. If I believe or suspect that you are abusing a child or an elderly person, I must file a report with a state agency. To “abuse” means to neglect, hurt, or sexually molest another person. I do not have any legal power to investigate the situation to find out all the facts. The state agency will investigate. If this might be your situation, we should discuss the legal aspects in detail before you tell me anything about these topics. You may also want to talk to your lawyer.

E. If a court orders me to testify about you, I must do so.

F. If I am testing or treating you under a court order, I must report my findings to the court.

Minors

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only general information about our work together; unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

Professional Records

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary 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, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

Sending Your Records Out

If you want me to send information about our therapy to someone else, you must sign a “release-of-information” form. I have copies that you can see, so you will know what is involved. If your records need to be seen by another professional, or anyone else, I 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 me.

Professional Consultation

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don’t object, I will not tell you about these consultations unless I feel that it is important to our therapeutic work.

Back-Up Therapeutic Coverage

When I am away from the office for a few days, I have a trusted fellow therapist “cover” for me. This therapist will be available to you in emergencies. Therefore, he or she may need to know about you. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality.

Professional Educational Use of Case Materials

As a therapist, I naturally want to know more about how therapy helps people. I would be grateful for your consent to use your case material in my other professional activities. Your material may help in the development of the mental health field or in the training of health care workers. It is possible that I may use some details about your treatment in teaching, supervision, consultation with other therapists, publishing, or scientific research. For these purposes, I would use clinical or case notes that I have taken during or after our sessions. You would not get any financial benefit from this. When I use information from my therapy work, I do not want anyone who hears, reads, or sees it to be able to identify the clients involved. Therefore, I conceal your identity by removing or changing all identifying information. In particular, I would not use your real name, or even a detailed description of you, in any presentation, article or book. In fact, I will change specifics about you so that no one will be able to recognize you. If you do not agree to the

uses of case materials as indicated, you will not be penalized in any way, and it will not affect the care you receive in any way. You may draw an "X" through this section on the signature page if you do not want your case materials used in this way.

Legal Consultation

The laws and rules on confidentiality are complicated. Please bear in mind that I am not able to give you legal advice. 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 me, I may then be ordered to show the court my records. If you have special or unusual concerns, such as these, and so need special advice, I strongly suggest that you talk to a lawyer about these concerns.

I acknowledge that I have read this document and agree to its provisions:

_____	_____	_____
Printed Name (Client)	Signature	Date

_____	_____	_____
Printed Name (Guardian-if applicable)	Signature	Date