

Contract, Office Procedures, and Financial Agreement

Families and Adolescents in Recovery, Inc. (FAIR Counseling)

2010 East Algonquin Road, Schaumburg, IL 60173

847.359.5192

847.701.0350 Fax

www.faircounseling.com

FAIR Counseling is a business facility where a number of therapists engage in the practice of mental and behavioral health services delivery ("counseling"). Some counselors are licensed to practice independently and others require supervision. Those who require clinical supervision work under the direction and clinical supervision of Marta McGuinness NCC, LCPC, CADC. We are teaching facility and therefore student clinicians are supervised by Jennifer Zielinski NCC LCPC. Your contract is with Families and Adolescents in Recovery, Inc.

Rights and Risks: Please feel free to ask questions about any aspect of the counseling process. You need to be willing to discuss what troubles you and be open to change. You may remember unpleasant events, arouse intense emotions, and/or alter close relationships. The purpose of counseling is to facilitate your process. If you have been referred by a court or state agency, you have the right to divulge only what you want included in a report.

Confidentiality: Information shared will be held in confidence with certain limitations. Information will not be released without your written consent, except for professional consultation if needed and unless required by law. Refer to our Privacy Policy in a separate document for details. Your therapist is required by law to disclose information pertaining to suspected child or elder abuse or neglect; inability to care for one's basic needs for food, clothing or shelter; and threatened harm to oneself or others. The courts may in select cases subpoena counseling records. It is understood that information regarding treatment and diagnosis will be provided to an insurance company if you opt to bill your insurance company for services.

Referral: Your counselor might make a referral for appropriate assessments/testing to another agency. The reasons and benefits will be clearly explained to you. The consent from you will be obtained to coordinate services.

Privacy: By signing this contract, I acknowledge receipt of the separate Notice of Privacy Practices of FAIR Counseling. I understand FAIR Counseling utilizes an online practice management system, Therapy Notes, LLC, to store and maintain my records. I understand there are certain risks associated with online storage of personal information, and I will hold FAIR Counseling and its employees harmless in the event of a breach of confidential information that is beyond the control of FAIR Counseling. I understand that any counseling session in which I participate with co-therapists is for the purpose of improving my care, and not an invasion of my rights of privacy. If my counselor is a Licensed Professional Counselor (LPC), then I understand he/she is working under the direct supervision of Marta McGuinness NCC, LCPC, CADC. The supervisor has responsibility for my clinical care, and as such, will have access to my file and will consult with my counselor about my case.

Appointments: Office visits are by appointment only. Please arrive on time, as you use up your own time when you arrive late for an appointment. The usual length of an appointment is 53 minutes. Late cancellation (less than 24 hours before) and/or no-show appointments are charged to the credit card on file for \$100. If your appointment is cancelled or missed, contact your therapist for a new appointment time. Insurance companies will not pay for no-show charges or late cancellation charges or for telephone consultations.

Fees: Payment for services are required at the time services are rendered. The "Insurance Declaration" MUST be on file before services can commence. Your health insurance may help you recover some of your counseling costs. Verify with your company the amounts of coverage for outpatient psychotherapy by licensed professionals. If your policy requires preauthorization to receive services, this is your responsibility and needs to be handled prior to your first visit. If required preauthorization is not on file, your credit card will be charged for your session.

"Self Pay Clients" as defined in our Insurance Declaration Form are expected to pay their fees at the time services are rendered. Our office will provide an "insurance ready" receipt upon request. Clients will receive a statement periodically reflecting any balance due on their account, either in paper copy or via email when we are granted permission to do so. This office will not accept responsibility for collecting insurance claims or for negotiating a settlement on a disputed claim. Clients and parents/guardians of minor clients are responsible for payment (and insurance claims) on their accounts. Accounts become delinquent after thirty (30) days. Delinquent accounts may be turned over for collection at the responsible party's expense.

Client/Responsible Party Acknowledgement and Acceptance of Terms: Any change in my financial or insurance situation I will discuss with my therapist. I have read, understand, and agree to the above policies and the fee schedule on Page 2 of this contract. I have discussed these policies with my therapist if desired and all questions are answered to my satisfaction. I have been offered a copy of these policies and understand a copy is available on line. I hereby authorize FAIR Counseling, and my therapist to abide by my expressed preferences on the Insurance Declaration Form I submitted with this contract. I understand my insurance coverage is a relationship between me and my insurance company and I agree to accept financial responsibility for payment of charges incurred. I understand that in the event of non-payment, I will bear the cost of collection and/or court costs and reasonable legal fees should this be required. I understand that Co-pays and Deductibles are not negotiable.

Calls and Emergencies: You can call FAIR anytime at 847.359.5193. The counselor on call will return your call within 24 hours. If it is a medical emergency, call 911. Depending on the nature of the emergency, you might be recommended an additional session in our clinic or an Emergency Room evaluation. When your counselor is sick or on vacation, you will be suggested to another staff member for sessions during that time.

Termination of Counseling: You have the right to terminate counseling at any time. If you meet your counseling goals, the mutual decision to terminate therapy will be made by you and counselor.

Consent to Treatment and Fee: I hereby agree to full responsibility for all expenses incurred by me and/or on account of this client and hereby assign FAIR Counseling and all Insurance benefits due to me to the full extent of my financial obligation to FAIR Counseling. I have read and/or received a copy of FAIR Counseling's Privacy Policy. A completed Insurance Declaration Form is required for my file.



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Fee Schedule

I acknowledge and understand the fee schedule, detailed in the table below. I understand that the STANDARD portion of the fee schedule may be submitted to my insurance company for payment if I authorize FAIR Counseling to do so on my behalf. I understand and accept that I am responsible for copays and deductible amounts.

I understand that that the "ADDITIONAL" portion of the fee schedule is not billable to insurance and will not be paid for by a third party. Any "ADDITIONAL" fees incurred by me or by my dependent child are my sole responsibility.

Table with 5 columns: Standard Fees, 0-30 minutes, 31-52 minutes, 53-60 minutes, Flat Fee. Rows include Initial Intake Interview/Assessment, Individual/Family Counseling Session, Couples Counseling Session Per Person Fee, and Consultation w/Family - client is not present.

Table with 4 columns: Additional Fees (to be paid by the undersigned), 5-60 minutes, Flat Fee, Additional 30 minutes. Rows include Counseling Session after first 60 min, Consultation with outside agencies/schools, Cancelled w/in 24-hours or missed, Phone Calls 5-15 min in length, and Depositions, subpoenas, legal and/or court proceedings.

Client(s) Signature(s): _____ Date: _____

Client(s) Signature(s): _____ Date: _____

In the event that I cancel an appointment within 24-hours or fail to attend a scheduled appointment, I hereby authorize FAIR Counseling, to charge to my credit card the fee of \$100.

Credit Card Type: Visa [] MC [] AMEX [] DISC [] Security Code Exp. Date / [][] - [][][][] - [][][][][] Billing Address of Credit Card: Street City/State Zip Name as it appears on card Client Signature Date

Go Paperless! By providing your email address and signature below, you authorize FAIR Counseling to issue your invoices and statements via email. You may withdraw your consent at any time by providing a request in writing. PLEASE PRINT CLEARLY!

Email address Signature