



CLIENT AGREEMENT FOR COUNSELING

Description of Services: You have made a courageous decision to seek help and we hope that our time together will be both transformational and educational for you. Our goal is to help you set a strong foundation of personal growth that will have a long-lasting impact on your sense of self-esteem, relationships and purpose in life.

Risks and Benefits

Before we begin we want to share with you some of the benefits and risks that come with therapy. The positive effects of therapy include a decrease in self-sabotaging behavior and an increase in healthy ways of coping; fewer negative thoughts and an elevated sense of hope; greater ability to manage tough feelings such as sadness, anger, guilt, shame and fear and more satisfaction in relationships; an increased sense of identity and self-esteem and greater clarity about values, goals and direction in life. Of course talking about your concerns in the safety of a confidential relationship and having the support and accountability you need to make life-giving choices is also a benefit. When you begin to talk about yourself in depth the risks are that you may initially have an increase in uncomfortable feelings. You may also have an increase in unpleasant memories trying to get your attention which could affect your work and relationships. As you are making progress, close friends and family members may not like or support the improvements you are making. In addition, some people still view going to therapy as a sign of weakness. Finally, you may invest all this time and money into therapy and not see any improvements. However, if you tell us directly what your goals are and speak up when you think we are not addressing them properly we can make sure that will not happen.

Counseling Process

Counseling is an hour that is all about you! During the first session we will ask you a lot of background questions about you which will help us in projecting what our treatment plan could look like. Within the first three sessions we will have defined our goals and how many sessions you want to come in for (if you know at the time). Your progress will be significantly greater if you continue the therapeutic work between sessions this is why at the end of a session we come up with your home assignment for the week which will be reviewed in the beginning of the following session. We will also monitor your progress over time. You can end therapy at any time. We recommend a wrap-up session to summarize our work together to make recommendations for next steps for you. We will primarily work with you as an individual but encourage family and/or couple sessions if it could benefit our work together. For any adjunct services you may need, we have a plethora of resources in the area. We value a strong collaborative relationship with anyone else involved in your treatment.

The therapeutic relationship, though professional, is a real relationship and therefore can be a tool to help you learn more about how you interact with others. As your therapist we listen, ask questions, reflect back what was heard and teach life skills. However, we will not try to “fix” you or tell you how to lead your life. We might make suggestions, or give advice but you are the expert on your life. We have knowledge of psychology and counselling. Together we can work on getting you to a better place. We cherish your honesty and your active engagement in treatment so please speak up if there is something you like or do not like about your



counseling experience.

Scope of Practice: Tamara Patterson is a Licensed Clinical Professional Counselor (LCPC) and Certified Alcohol and Drug Counselor (CADC). To verify the license, please visit <https://ilesonline.idfpr.illinois.gov/DPR/Lookup/LicenseLookup.aspx>. Tamara got her Bachelor's degree in Religion at European Nazarene College. She received her Master's degree at Wheaton College in Clinical Psychology. Her approach to counseling is evidence-based, incorporating various techniques depending on the client's needs from cognitive-behavioral, humanistic, emotion-focused, dialectical-behavioral, solution-focused and psychodynamic counseling approaches. Tamara practices under the ethical guidelines of the American Counseling Association, which can be obtained at <https://www.counseling.org/resources/aca-code-of-ethics.pdf>.

Fee Schedule: Payments are due at the time of service. We accept cash, checks and debit or credit card.

Diagnostic intake CPT 90791:	\$160
30 minute session CPT 90832:	\$70
45 minute session CPT 90834:	\$100
60 min session CPT 90837:	\$130
Family/Marital Counseling CPT 90847:	\$130
Group therapy 90 minutes CPT 90853:	\$60
Missed appointment or late cancel:*	\$130
Consultations and Report writing:	\$150/hour
Letters of proof of treatment:	\$35

Longer sessions will be prorated and charged accordingly. Phone calls are charged on a prorated basis in 10-minute increments and are not covered by insurance. If we are contracted with your insurance, the insurance company determines the session fee. Please note that under all circumstances, *you remain responsible for payment in full* including when treatment recommendations exceed third party coverage or financing. Any delinquent accounts will be sent to a collections agency and a fee will apply for any accounts sent to collections.

***Cancellations:** If you find it necessary to cancel an appointment, you are expected to give 24-hour notice; otherwise you will be charged the full session fee of \$130. Insurance policies do not cover missed appointments. Emergencies are always considered, but canceling a session without adequate notice can prevent other clients from utilizing that time.

Diagnosis: Many clients enter therapy with fear about a potential diagnosis. While we believe a diagnosis is a helpful indicator to narrow our treatment goals, we do not believe it defines you in any way. We use a diagnosis as a tool to teach you about the similarities (and differences) between you and other individuals with comparable presenting problems. It can help normalize your experience and shed light on the symptoms you experience.

You should be aware that most insurance agreements require you to authorize your therapist to provide a clinical diagnosis. This information will become part of the insurance company files,



and in all probability some of it will be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, our office has no control over its use. It is important to remember that you always have the right to pay for services directly and avoid the reporting and complexities associated with insurance coverage.

Insurance: You are responsible for the entire bill, whether or not insurance covers treatment services. If NewTree Center is contracted with your insurance company, we will file the claims for you. If we are not contracted with your insurance company, you are responsible for filing insurance claims and we will give you a monthly statement that you can file with your insurance company for reimbursement. Your signature on this form authorizes NewTree Center to release required diagnostic and treatment information to your insurance company. If you utilize your medical insurance to cover counseling please note the following: 1. You are responsible for checking benefits and authorizing sessions for insurance claims. Benefits for medical services do not always apply to mental health services. 2. You are responsible for any yearly deductible that has not been met and session co-pays. 3. We process claims on a weekly basis and can provide a statement at the beginning of the following month. 4. Additional communication and correction that might be necessary with the insurance company will take additional time to process. If there are complications with insurance payment beyond our responsibility to file accurately, you will be responsible for following up with insurance. 5. From experience it may be likely that it take 3 to 4 months to process insurance accurately. We request your active awareness and involvement in the insurance process.

Hours and Availability: Our office hours are Monday through Saturday 9am -9pm. All messages left for your therapists will be treated as a non-emergency call and will be returned within 24 hours. If it is an urgent matter please let us know and we try to get back to you as soon as possible. We believe that clients in outpatient therapy are able to be self-responsible (e.g. autonomous and functioning) and not in need of day-to-day crisis supervision. The scope of this private practice prevents us from being responsible for crisis situations. Agencies and hospitals are more equipped to deal with this. If you have expectations about after hours care, please discuss this with your therapist upon intake so that if necessary, other appropriate referrals can be made. If you have a life-threatening emergency, please contact one of the following crisis intervention services Kane Co: 630/966-9393, McHenry Co 1-800-892-8900, the National Suicide Prevention Hotline 1-800-784-2433 or call 911 immediately. In the unlikely event that your therapist is unable to provide ongoing services Daniel Patterson, Director of Business Development, will help coordinate your continued care. He can be reached at 815.742.2772.

Means of Communication: Please be aware that any communication via cell phone, text and video conferencing is not as confidential as a face-to-face interaction at our office. In interest of your privacy we recommend you limiting text and email conversations to pragmatic issues such as cancellation, change in contact information or billing concerns. Your counselor will make every effort to keep all information confidential. Likewise, it is important that you carefully determine who has access to your computer and electronic information from your location. This would include family members, co-workers, supervisors and friends. Please only communicate through a computer that you know is safe, i.e. wherein confidentiality can be



ensured. Be sure to fully exit all online communication with NewTree Center. We appreciate your engagement in social media, following NewTree Center online, sharing your experiences using the #newtreecenter. We may 'like' your posts but will not follow you back in order to preserve your confidentiality from our end.

Confidentiality and HIPPA Notice of Privacy Policy

*This Notice of Privacy Policy describes how medical information about you may be used and disclosed and how you can get access do this information. Please review it carefully.
Effective date: January 1, 2017.*

Information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). Whether you are an adult or child over the age of 12, you PHI is to be kept confidential by law. NewTree Center, Inc. has been and will always be totally committed to maintaining clients' confidentiality. We will only release healthcare information about you in accordance with federal and state laws and ethics of the counseling profession.

The rules for confidentiality of mental health records are recorded in the Illinois Mental Health and Developmental Disabilities Confidentiality Act and in the privacy rules of the Health Insurance Portability and Accountability Act. We strongly suggest you review these provisions in order to fully understand our procedures and your rights. It also describes your rights regarding how you may gain access to and control your PHI. Your records are kept for seven years past the date of your last appointment and will be destroyed after that.

Please note that couple counseling, family counseling and group counseling require unique variations to the limits of confidentiality. Please review addendum carefully.

Here is how we may use your information:

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For



example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

Required by Law. Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Without Authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are:

There are circumstances that impose limitations on a client's right or ability to maintain privileged communication. A therapist may disclose a record without consent: 1) to a supervisor, consulting therapist, or member of the staff team participating in the provision of services, a record custodian, or a person acting under the supervision of the therapist; 2) when a therapist believes a clear and immediate danger exists to one or more persons; 3) when disclosure is necessary to provide a recipient with emergency medical care or access to needed benefits when the recipient is not in a condition to waive or assert his or her rights; 4) when abuse or neglect of a child is reported or suspected under which circumstance we are obligated to report this to the Department of Children and Family Services; 5) when a therapist is consulting with an attorney, professional liability company, or other relevant business associate concerning the care or treatment he or she has provided, including disclosure to business associates who may help us pursue payment (but each of these recipients shall be held to HIPAA privacy standards and may not re-disclose the information); 6) when a recipient introduces his or her mental condition or any aspect of services received for such condition as an element of a claim or defense; and, 7) in certain other legal situations where the court has decided that disclosure is directly relevant to the issue being investigated. Furthermore, as part of the Illinois Firearm Concealed and Carry Act (PA98-063), clinicians are required to notify the Illinois Department of Human Services of anyone who is determined to be a "clear and present danger" to themselves or others or determined to be developmentally or intellectually disabled.

Verbal Permission. We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

Your complete clinical records, psychotherapy notes and other disclosures require a separate signed release of information. You have a right to or will receive notification of a breach of any unsecured personal health information. You have a right to restrict any disclosure of personal health information where you have paid for services out-of-pocket and in full.



Rights regarding your Protected Health Information

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer Daniel Patterson at NewTree Center.

- **Right to request how we contact you.** It is our normal practice to communicate with you at your home address and daytime phone number you gave us when you scheduled your appointment, about health matters, such as appointment reminders etc. Sometimes we may leave messages on your voicemail. You have the right to request that our office communicate with you in a different way.
- **Right to release your medical records.** You may consent in writing to release your records to others. You have the right to revoke this authorization, in writing, at any time. However, a revocation is not valid to the extent that we acted in reliance on such authorization
- **Right to inspect and copy your medical and billing records.** You have the right to inspect and obtain a copy of your information contained in our medical records. To request access to your billing or health information, contact the Privacy Officer . Under limited circumstance we may deny your request to inspect and copy. If you ask for a copy of any information, we may charge a reasonable fee for the costs of copying, mailing and supplies.
- **Right to add information or amend your medical records.** If you feel that information contained in your medical record is incorrect or incomplete, you may ask us to add information to amend the record. We will make a decision on your request with 60 days, or some cases within 90 days. Under certain circumstance, we may deny your request to add or amend information. If we deny your request, you have a right to file a statement that you disagree. Your statement and our response will be added to your record. To request an amendment, you must contact the office manager. We will require you to submit your request in writing and to provide an explanation concerning the reason for your request.
- **Right to an accounting of disclosures.** You may request an accounting of any disclosures, if any, we have made related to your medical information, except for information we used for treatment, payment, or health care operational purposes or that we shared with you or your family, or information that you gave us specific consent to release. It also excludes information we were required to release. To receive information regarding disclosure made please submit your request in writing to the Privacy Officer. We will notify you of the cost involved in preparing this list.
- **Right to request restrictions on uses and disclosures of your health information.** You have the right to ask for restrictions on certain uses and disclosures of your health information. This request must be in writing and submitted to our office manager. However, we are not required to agree to such a request.



- **Right to complain.** If you believe your privacy rights have been violated, please contact us personally, and discuss your concerns. We would appreciate the opportunity to address your grievance as soon as it arises. If you are not satisfied with the outcome, you may file a written complaint with the U.S. Department of Health and Human Services. An individual will not be retaliated against for filing such a complaint.
- **Right to receive changes in policy.** You have the right to receive any future policy changes secondary to changes in state and federal laws. This can be obtained from the office manager.

Access to Advocacy and Rights Organizations in order to safeguard your rights as a recipient of mental health services may be obtained by contacting any or all of the following agencies:

Equip for Equality, Inc. 11 East Adams Street, Suite 1200 Chicago, Illinois 60604 312-341-0022	Guardianship and Advocacy Commission 160 North LaSalle Street Chicago, Illinois 60601 312-793-5900
Illinois Department of Children and Family Services 100 West Randolph Street, 6th Floor Chicago, Illinois 60601 312-814-4650	U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Washington, D.C. 20201 202-619-0257 Toll Free: 1-877-696-6775
Illinois Department of Human Services/Office of Mental Health 160 North LaSalle Street, 10th Floor Chicago, Illinois 60601 312-814-4964	



Confidentiality Addendum for Couple and Family Counseling:

This contract is an agreement between the interested parties that neither party shall for any reason attempt to subpoena my testimony or my records to be presented in a deposition or court hearing of any kind for any reason, such as a divorce case.

Both parties acknowledge that the goal of psychotherapy, either individual or marital or couples therapy, is for the sole purpose of the amelioration of psychological distress and that the process of psychotherapy depends on trust and openness during the therapy sessions.

Therefore it is understood by both parties that if they request my services as a psychotherapist, they are expected not to use information given to me during the therapy process against the other party in a judicial setting of any kind, be it civil, criminal, or circuit.

Confidentiality Addendum for Group Counseling:

Confidentiality of communication and information, is special in a group therapy-training setting, and is the shared responsibility of all group members and their facilitator(s). Although a group facilitator will not disclose student/client communications or information except as provided by law or in other limited circumstances, group members' communications and information are not protected. Thus, this agreement is an attempt to provide you and your fellow group members with as much confidentiality protection as possible. As group member you agree not to discuss or release any information, in writing or orally, regarding any group member to any person(s) or agencies. You understand that in extreme circumstances, such as medical emergencies, it may be necessary to release information to a health care giver without the group member's consent. You understand that violation of these confidentiality principals could potentially result in termination as a group member. Further, breaching of confidentiality may subject me to civil or criminal liability.