

POLICIES AND INFORMED CONSENT

CONSENT TO TREATMENT

By signing this form I am consenting to treatment by Sarah Safron-Chiu, LCPC. If an insurance company is being billed for your sessions, I am required to give a diagnosis to the insurance company in order for the sessions to be covered. You are welcome to ask at any time about the diagnosis being used in billing your insurance company. By opting to bill your insurance provider for your sessions, you are consenting to information about you being shared with the insurance provider. This information includes the dates that you see me, the purpose of the visit, and a diagnosis.

APPOINTMENTS

Appointments will be scheduled at a time acceptable to both the patient and therapist and will last 53-60 minutes. Typically clients are seen once per week.

FEES

Federal Truth in Lending Disclosure Statement for Professional Services

Fees for Professional Services

I (we) agree to pay Sarah Safron-Chiu, LCPC, a rate of \$150 per clinical unit (defined as a 53 minute session) for counseling, as a self-pay rate. Payment is due at the time of service by cash, check, or Zelle (773) 225-5677.

Clients using Medical Insurance

If insurance is being used, I am current in network with BCBSIL PPO and will verify benefits for you and submit claims to insurance on your behalf provided that I am an in-network provider for your specific plan. Out of network coverage may also be an option depending on your insurance plan. If using an out of network benefit, the full fee of \$150 per hour is due at time of service, and it is up to the client to submit claims to insurance to be reimbursed for a portion of any fees, (I can provide general guidance with this process.) All co-pays and deductible amounts are due at the time of service at the end of each session.

Cancellation Policy

There is a 24 hours' notice cancellation policy. If you cancel a scheduled appointment with less than 24-hour notice, you will be charged a \$150 cancellation fee regardless of payment type (insurance or self-pay.) Our scheduled time is reserved exclusively for you. All of us have unexpected situations and emergencies that come up in life, so it is important that I enforce this policy, regardless of exception, for all of my clients.

Marital or Couple Therapy

Those seeking marital or couples therapy are in 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.

Phone Contact

Phone contact between sessions is welcomed if you feel that it is important to *briefly* speak with me before our scheduled session. It is important to know that I am not available 24 hours a day and calls may not be returned immediately. They will be returned within 24 hours during normal Monday-Friday business hours. If you are in crisis, and cannot wait to reach me, you should go to the closest emergency room or call 911.

I consent to treatment; and I have read, understand and agree to the above policies.

I HAVE READ THIS PATIENT INFORMATION SHEET AND UNDERSTAND THE REQUIREMENTS AND RULES OF THIS OFFICE. I AGREE TO THE TERMS THEREIN AND GIVE MY CONSENT TO THE EVALUATION / TREATMENT PROCESS WITH Sarah Safron-Chiu, LCPC

Signature _____ Date _____