

Steele Counseling • Debra Steele, LMFT

3166 N. Lincoln Ave., Suite 408

Chicago, IL 60657

Debra@SteeleCounseling.com • www.SteeleCounseling.com

847-877-7970

Office Policy & Procedures Contract

Client Contact Information

Name(s) _____ Date(s) of Birth _____

Address _____

City _____ State _____ Zip _____

Mobile Phone 1 _____ Mobile Phone 2 _____ Work Phone _____

Email(s) _____

Emergency Contact _____ Phone _____ Relationship _____

Insurance Information *(Only complete IF paying for services with your BlueCross/BlueShield PPO insurance)*

Insurance ID Number (include any alpha pre-fix) _____

Group Number _____ Customer/Member Service Phone (on back of card) _____

Welcome & What to Expect from Therapy Services

Welcome to Steele Counseling with Licensed Marriage and Family Therapist, Debra Steele. Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client and the particular problems you are working to resolve. There are many different methods I may use to deal with the problems that you hope to resolve through therapy. Psychotherapy is not like a medical doctor visit, but instead it calls for a more active effort on your part. In order for therapy to be most successful, you will have to work on things we talk about both during our sessions and at home. Additionally, psychotherapy can have benefits and risks. Since therapy can involve discussing unpleasant aspects from your life, you may experience uncomfortable feelings, but on the other hand, psychotherapy has also been shown to have major health benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of stress and inner turmoil. But there are no guarantees of what you will experience through this therapeutic process as the journey towards mental health healing is unique to each client. As a licensed marriage and family therapist I work with individuals, couples and families.

Meetings & Cancellation Policy

I normally suggest we start by meeting weekly for 50-60 minute appointments, depending on the problem(s) you are seeking help with, on a day and time that is agreeable to both of our schedules. Initially I will conduct an intake evaluation process that will last from 1 to 3 sessions, and during this time we can both decide whether I am the best person to provide the services you need in order to meet your treatment goals.

Once an appointment is scheduled, you will be expected to keep it unless you provide *at least* 24 hours advance notice of a *non-emergency* cancellation and/or we can reschedule another appointment day/time that same week. If you cancel with less than 24 notification for a *non-emergency* reason, do not reschedule for an alternative appointment or do not show up to your scheduled appointment you will be charged your full appointment fee, which cannot be billed to your insurance, out-of-pocket. Again, if it is possible, I will try to find another time to reschedule the appointment and you will not be charged for emergency cancellations.

Contacting Me

I may not be immediately available by telephone and I usually do not answer my phone outside of typical business hours or when with a client in session. When I am not available via phone please either text me or leave a message in my confidential voice mailbox. I will make every effort to return your call or text during the same day and within the business time-range of 9am-9pm, with the exception of Sundays and holidays. If you are calling with an emergency and cannot reach me hang-up and call your family physician, dial 911, or go to the emergency room at the nearest hospital and ask for the psychiatrist or psychologist on call. When I schedule time away from the office and cannot be reached for an extended period of time, you will be provided with the name of a trusted colleague whom you can contact if necessary.

I also provide my email address to clients and you may use it to communicate with me regarding basic appointment information. Please be aware that email and electronic communication can sometimes fail to arrive and confidentiality can be breached in transit. Also, if you email me detailed treatment issues, I will read your email, but do not usually reply to them as they are better discussed in person during your next appointment.

Feel free to share my contact information with others who may be interested. I welcome such referrals as they demonstrate trust and confidence in my services. Clients tend to be my greatest referral source.

Professional Fees

My hourly fees are as follows, unless we agree otherwise: 60min initial intake appointment= \$200, 55-75min individual, couples and family therapy= \$130, 30-45min individual, couple or family therapy= \$120, 50-60min phone/Skype[®] meeting= \$100. In addition to weekly appointments, I charge this amount for other professional services including report writing, submitting documentation to your insurance company, telephone conversations outside of therapy lasting no longer than 15 minutes, preparation of records or treatment summaries, and time spent performing any other service you may request of me. If you become involved in litigation that requires my participation, you will be expected to pay for the professional time required even if I am compelled to testify by another party. More specifically, if you are involved in divorce proceedings and/or a legal custody dispute, as your therapist I will not be acting in the capacity of custody evaluator and, therefore, I will not testify for any reason throughout your divorce process. Should I, your therapist or my therapeutic files on you be subpoenaed to court, a retainer of \$1,000 will be charged to you, the client, as well as an hourly rate of \$300 for any time spent both preparing for and appearing in court. Such time includes all phone calls, fax, photocopies of files, emails, face-to-face meetings, transportation time and any additional costs involved in court preparation. You assume full responsibility for these court related costs for my services. Prior to initiating any legal proceedings that may involve your therapeutic files or me, your therapist, please discuss this with me.

Billing & Payments

You will be expected to pay for each session at the time it is held, unless we agree otherwise or you have insurance coverage that requires another arrangement. I only bill to BlueCross/BlueShield PPO of IL insurance, accept cash, check (to be made out to "Debra Steele"), and Chase or CitiBank "quick-pay" payment options. If your account has not been paid for more than 60 days and arrangements for future payment have not been agreed upon, 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. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

Insurance Reimbursement

First, if you have a health insurance policy, it will usually provide some coverage for mental health treatment. I am only "in-network" and only accept the BlueCross/BlueShield PPO of IL insurance plan, but if you are covered by another insurance company I can provide you with information to file your claims directly with your insurance provider. For all non-BC/BS insurance clients it is your responsibility to file your claims with your insurance carrier. I will submit all forms and information necessary to BC/BS directly and provide all my non-BC/BS covered clients with whatever assistance I can in helping you receive the benefits to which you are entitled.

Second, you (not your insurance company) are responsible for full payment of my fees, and depending on your insurance coverage you will owe either a deductible and/or co-pay directly to me at time of service. When possible I prefer to check your insurance benefits before we meet to determine your benefit plan coverage and suggest you read carefully the section in your insurance coverage booklet that describes mental health service coverage. If you have questions about the coverage, call your plan administrator. I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. Any missed appointments, *non-emergency* cancellations without 24 hours' notice will not be paid by your insurance, so you are be responsible for the full fee yourself out-of-pocket.

Next, you should also be aware that insurance companies require you to authorize me to provide them with a mental health diagnosis, our dates of service, your basic contact information, and treatment type (individual therapy, family therapy, etc.). If you are covered by a BC/BS plan I will file all this information on your behalf directly with BC/BS. If, however, you want to be reimbursed for services with a non-BC/BS insurance provider it is your responsibility to pay for each appointment directly to me, file the claims directly with your insurance company and collect payment from your insurance company on your own accord.

Lastly, please note that I sometimes have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in very rare cases and with your written consent). This information will become part of the insurance company files and will probably be stored in an electronic database. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit if you request it. Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you are ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

Drug & Alcohol Policy

I request that clients seeking services at Steele Counseling be drug and/or alcohol free during therapy appointments. That is, no illicit drugs or alcohol are to be consumed prior to a therapy session, to the best of your ability. I also follow this policy and will not report any use of illicit drugs to authorities, as that is violation of your confidentiality.

Professional Records

The laws and standards of my profession require that I keep treatment records of your clinical work. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these records contain information that can be misinterpreted by someone who is not a mental health professional, it is my general policy that client(s) may not review them. Clients will be charged an appropriate fee for any professional time spent in responding to information requests. All professional records will be kept in a locked file cabinet in my locked office.

Confidentiality

In general, the law protects the privacy of all communications between a client and a psychotherapist, and I can release information about our work to others only with your written permission. But there are a few exceptions. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he or she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child or elderly person is being abused, I must file a report with the appropriate state agency. If I believe that a client is threatening serious bodily harm to another, I am required to take protective action. These actions may include notifying the potential victim, contacting the

police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him or her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action. 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 client. 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 it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

Minors

If you are under 18 years of age, please be aware that the law may provide your parents with the right to examine your treatment records. For those who are between 12 and 18 years of age, it is my policy to request an agreement from parents that they consent to give up access to your records. If they agree, I will provide them only with general information about our work together unless I feel that there is a high risk that you will seriously harm yourself, another person, or someone is harming you, in which case I will then notify your parents and, if needed, the legal authorities, of the concern. Also, I will periodically provide them with a summary of your treatment when it is complete if they have opted to let our work be confidential. Before giving them any information I will discuss this matter with you, if possible, and will do the best we can to resolve any objections you may have about what we are prepared to discuss.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship on behalf of your child, who is a minor.

Parent/Guardian Printed Name (IF client is under 18) _____

Parent/Guardian Signature (IF client is under 18): _____

Date _____

Signed Consent to Receive Services

Your signature below indicate that you have read the information in this document and agree to abide by its terms during our professional relationship.

Primary Client Name (print) _____ **Client Signature** _____

Date _____

Additional Client 1 Name (print) _____ **Client Signature** _____

Date _____

Additional Client 2 Name (print) _____ **Client Signature** _____

Date _____

Treating Therapist Name Debra Steele, LMFT **Therapist Signature** _____

Date _____