

**Gretchen Clemens, LCSW** (Licensed Clinical Social Worker)

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## **Outpatient Services Information & Contract** Form 3

This document contains useful and important information about my practice and policies. Please use it as a reference and let me know if there are any questions or concerns.

I am an independent practitioner and share office space with several colleagues. We are not a group practice and therefore may have differences in policies, fees, & insurance contracting.

**SERVICES:** Psychotherapy works best in an environment of trust and respect, as well as both parties feeling that they are a general “good-fit” for each other. During our first few sessions, I will conduct an evaluation to determine if the issues that need to be addressed are a good fit for my clinical skills. It is my hope that you will conduct an evaluation to determine if my skills, demeanor, approach and overall personality are a good fit for your eventual trust and comfort level. I welcome and encourage any questions that will help you make this determination. If either of us arrives at a conclusion that we are not a good fit, it will be our responsibility to voice this concern, and a referral to another therapist will be discussed.

Psychotherapy requires active participation on your part; therefore you will need to work on establishing goals and actively working towards them both during and outside of sessions. Psychotherapy has great potential to positively influence your life experience, but it can also be uncomfortable and offers no guarantees. We will work together to gauge your discomfort and success and adjust the process accordingly. You have the right to end consultation with me at any time without consequence, other than settling any outstanding balances.

Once a good clinical fit is mutually agreed upon, we will discuss scheduling and frequency of appointments. *It is my policy that once an appointment is scheduled, a change or cancellation must be made more than 24 hours in advance of the time. If not, you will be responsible for a \$75 charge.* This cannot be billed to your insurance company, and will be billed to you directly. I am aware that true emergent situations may arise and am willing to consider these on a case-by-case basis.

**PROFESSIONAL FEES\*:** My fee is \$150 for an initial session; \$130 for a family session; \$130 for an individual session lasting 50- 60 minutes, and \$115 for 45 minutes and \$75 for a 30 minute session (rates subject to change). There may be some circumstances in which a lower rate may be applied and these will be discussed on a case-by-case basis. In addition to sessions, I use this fee structure for other professional services you may need. This fee is pro-rated in 15 minute increments. Other services may include report writing, scheduled telephone conversations lasting more than 15 minutes, attendance at meetings with other professionals which you have authorized, preparation of records or treatment summaries, or any other mutually agreed upon service within the scope of my practice. Generally it is my policy not to testify in court on a client’s behalf or in their defense. However, if extenuating circumstances arise and I deem this intervention necessary and appropriate, any time involved in legal proceedings would be billed at double my regular fee due to preparation required.

**BILLING AND PAYMENT:** To best establish treatment goals and plans it is important that you evaluate the financial resources you have available to pay for treatment, as some insurance policies limit the number of sessions available. I am willing to discuss the limits of your coverage, such as deductibles, co-payments, etc. and help you to plan accordingly and/or make payment plans as necessary. I will submit claim to the insurance on your behalf if so desired and assist you in receiving the benefits to which you are entitled. Co-payments and full fee payment are due at the time of service by cash or check or credit card (which can be kept on file with your permission). Co-insurances and some deductible payments will need to be collected after I receive feedback from the insurance company. If we do not have an

arrangement for payment and you receive an invoice, it is expected that you make payment within 14 days. Any past due balances in excess of 90 days will be forwarded to a collection agency if a payment arrangement has not been made with me. You will be responsible for the collection agency fees, which will be added to your past due balance. *It is crucial that you are aware of the limits of your coverage. Any fees incurred in excess of your coverage are your responsibility.*

**CONFIDENTIALITY:** Generally speaking, the privacy of our communications is protected by law, and I can only release information about our conversations to others with your written consent. There are a few exceptions of which you should be aware.

In most legal proceedings, you have a right to prevent me from providing information about your treatment. In some proceedings involving child custody and those in which your emotional health is an important issue, a judge may order my testimony if he/she determines that it is warranted. There are some situations in which I am legally bound to protect others from harm, even if I need to reveal some information about a client's treatment. For example, if I believe that a child, elderly adult, or a disabled individual is being abused or mistreated, I must file a report with the appropriate state agency.

If I believe a client is threatening serious bodily harm to himself/herself or another, I am required to take protective actions to ensure safety. This may include notifying a potential victim, contacting the police, or seeking hospitalization for the client. I may need to contact family members or others who can help provide protection to a client who is suicidal or homicidal. These circumstances have rarely occurred in my practice. If a situation presents itself during your care, I will make every effort to discuss it with you fully before taking any action.

I also occasionally find it helpful to consult with other professionals about a case. During a consultation I do not reveal the identity of my client and the consultant is legally bound to maintain confidentiality.

**CONTACTING ME:** In general, I am *not* immediately available by telephone. When unavailable, my phone is answered by voicemail. I check the voicemail several times throughout business days. I will make every effort to return your call within 24 hours during the business week. Please leave me phone numbers and timeframes to best return your call.

You may contact me via email or text for scheduling purposes only. Be aware that information conveyed via email or text cannot be kept completely confidential with the limits of internet and wireless technology. Please be judicious in what is communicated.

**If you are unable to reach me and feel that you are having an emergency, contact your family physician, psychiatrist, the nearest emergency room, or dial 911.**

**RECORDING:** Recording in-person or telehealth sessions in any way is prohibited unless both therapist and client are fully aware of recording and in complete agreement of the purpose of recording the session.

**SOCIAL MEDIA:** Social media relationships constitute a dual relationship, which is not appropriate when a clinical relationship is established. I will not pursue a connection with clients via social media and ask that clients do not pursue connection with me through social media.

**TELEHEALTH:** While it is my preference to conduct therapy in person, situations arise which make telehealth sessions both safe and convenient. If telehealth is agreed upon by both client and therapist, a separate telehealth consent will be administered addressing confidentiality and location issues that are specific to telehealth. As I am only licensed within the state of Illinois, clients need to be in the state of Illinois during therapy sessions.

**RIGHT TO FILE A COMPLAINT/REVIEW RECORDS:** You have a right to file a complaint about me without consequence or retaliation. I do ask that you speak with me first to try to resolve the issue before taking the complaint to a higher authority. All complaints should be directed to the US Dept. of Health and Human Services. You also have the right to review and/or obtain copies of your records, except when doing so might be harmful. I reserve the right to deny this request.

Revised 3/15/21