

CHANGES COUNSELING, LLC

Life is full of changes. Make your next change a good one.

Welcome to Changes Counseling. We are glad to support you in the counseling process. This information is provided to inform you of our policies, state and federal laws, and your rights. All of our therapists are licensed in Illinois and work diligently to keep our skills up to date and our practices current with new research to help you reach your goals. If you have any questions about our policies or counseling practices, please let us know and we will do our best to answer them.

Confidentiality:

Your verbal communication and clinical records are strictly confidential except for: a) information shared to process your insurance claims, b) information you and/or your child or children report about physical or sexual abuse; then, by Illinois State Law, counselors are mandated to report this to the Department of Children and Family Services, c) where you sign a release of information to have specific information shared d) if you provide information that you are in danger of harming yourself or others e) information necessary for case supervision or consultation f) if the client is a minor and disclosure of information to parent(s)/guardian(s) is in the client's best interest g) or when required by law.

We work to maintain strict confidentiality to protect your private health information. We limit our use of email and text messages to maintain your privacy. A detailed copy of our privacy practices is provided.

Emergency Situations:

If an emergency situation for which the client or their guardian feels immediate attention is necessary, the client or guardian understands that they are to contact the emergency services in the community by calling 911 or going to your nearest emergency room for those services. The counselor will follow those emergency services with counseling and support to the client or the client's family.

Financial/Insurance Issues:

Fees for services are \$160 for the initial assessment, \$150 for 60 minute individual and family sessions, and \$110 for 45 minute individual sessions. Additional charges will apply for longer sessions, increased complexity, crisis situations, extended phone counseling, and extensive paperwork. Please ask your therapist if you have any questions about these charges. As a courtesy, Changes Counseling LLC will bill your insurance company, HMO, responsible party, or third party payer for you. We ask that at each session you pay your co-pay, deductible, or balance remaining. If your insurance company denies payment, we request that you pay the balance due at that time. In the event that an account is overdue and no attempt is made to work with us to pay that debt, the account will be turned over to a collection agency.

In the event that you cannot keep your appointment, please call to cancel 24 hours in advance. A \$30 late cancellation/no show fee will be charged for missed sessions.

How did you find out about Changes Counseling, LLC? _____

What issues/concerns brought you here today? _____

Have you attended counseling in the past? When and where? _____

Medical Issues/Hospitalizations: _____

Medications you are currently taking: _____

Immediate family members and ages: _____

How would you prefer to be contacted? _____

Where may we leave you a voice or text message? _____

Emergency contact: Name _____ Number _____

Client Signature _____ *Date:* _____

Signature of Parent/Guardian _____ *Date:* _____

If the client is a minor, a parent or guardian signature is required for services.