

Olimene Counseling Services, Inc

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Bolingbrook, IL 60440

1-(331)-318-8181

OUTPATIENT SERVICES CONTRACT

Welcome to Olimene Counseling Services, Inc! Since this is your first visit to our office, I hope what is written here can answer some of your questions as you seek therapy. Please let your clinician know if you want clarification on any of the topics discussed in this outpatient service contract, or if you have any questions that are not addressed here. When you sign this document, you are stating that you understand and will adhere to the information in this outpatient service contract.

PSYCHOTHERAPY SERVICES

Olimene Counseling Services Inc., provide psychotherapy services for adults, children, couples and families.

The first appointment(s) serves as a consultation. I will want to hear about the difficulties that led to you making an appointment, goals for therapy, and general information about yourself and your current life situation. By the end of this first appointment, I will give you some initial recommendations on what I think will help. If I do not think I am able to best assist you, I will give you names of other professionals who I believe would work well with your particular issues. If you do not agree with my treatment recommendations or do not think our personality styles will be a good match for you, let me know and I will do my best to suggest a different therapist who may be a better fit.

If we decide to work together in therapy, we will collaborate on a treatment plan that incorporates effective strategies to help with whatever difficulties you are hoping to reduce in therapy. Sometimes more than one approach is helpful. Individual, couples and family therapy sessions last 50 minutes unless otherwise arranged. Oftentimes, sessions are set for once each week, but this varies based on what seems most appropriate for your particular situation.

Therapy can be extremely helpful and fulfilling, and it takes work both in and out of sessions to be most effective. It requires active involvement, honesty, and openness in order to change thoughts, emotional reactions and/or behaviors. There are benefits and risks to therapy. Potential benefits include increased healthy habits, improved communication and stability in relationships, and lessening of distress. Some potential risks include increased uncomfortable emotions as you self-explore, and changes in dynamics or communication with significant people in your life. Sometimes couples who come for therapy choose to end their relationships. Although there are many benefits to therapy, there is no guarantee of positive or intended results.

Therapy never involves business, sexual, or other dual relationships. Therapy is a place for you to feel safe to address your difficulties and try to find solutions, and maintaining clear boundaries is necessary for this work to happen.

If during our work together, noncompliance with treatment recommendations becomes an issue, I will make effort to discuss this with you to determine the barriers to treatment compliance. At times, treatment noncompliance may necessitate termination of therapy service. I encourage you to discuss any concerns you have about our work together directly so that we can address it in a timely manner. Other factors that may result in termination of therapy include violence or threats toward me, or refusal to pay for services after a reasonable time and attempts to resolve the issue.

Deciding when therapy is complete is meant to be a mutual decision, and we will discuss how to know when therapy is nearing completion. Sometimes people begin to schedule less frequently to gradually end therapy. Others feel ready to end therapy without a phasing out period of time. Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral sources.

I will at times seek consultation with other therapists to ensure I am helping you in the most effective manner. I will give information only to the extent necessary, in order to keep your confidentiality and there will be an expectation that the professionals with whom I consult will keep your confidentiality.

DISCONTINUATION OF SERVICES AFTER 60 DAYS

If you choose to discontinue therapy for more than sixty days by not communicating with Olimene Counseling Services, your treatment will be considered “terminated.” You may be able to resume therapy after the sixty day period by discussing your decision to resume therapy services with Olimene Counseling Services. Ability to resume therapy after sixty days will depend upon my availability. This disclosure statement will remain in effect should you resume therapy if one year has not elapsed since your last session. However, you may be asked to provide additional information to update your client record. “Discontinuing Therapy” means that you have not had a session with your therapist for at least sixty days, unless otherwise agreed to in writing.

MY AVAILABILITY BETWEEN SESSIONS

If needed, you can leave me a message on my 24 hour voicemail at 1-(331)-318-8181. When you leave a message, include your telephone number even if you think I already have it, and best

times to reach you. I make every effort to return calls in a timely manner. In the rare occurrence that a message is missed or accidentally deleted, if you do not hear back from me within one day, please leave a second message. If you are in an emergency situation and cannot wait for me to return your call, contact your psychiatrist, go to the nearest emergency room or call 911. Do not contact me by email or fax in event of an emergency, as I may not get the information quickly.

If I am unavailable for an extended time, such as on vacation, I will inform you of the contact information for the therapist on-call during my absence.

RATES AND INSURANCE

Therapy is a commitment of time, energy and financial resources. If you have health insurance, it is important for you to verify your mental health benefits so you understand your coverage prior to your appointment. Some insurance companies require a precertification before the first appointment or they will not cover the cost of services.

I am happy to assist you by having a billing company file claims to your insurance company on your behalf. However, you, not your insurance company, are responsible for payment of the fee for therapy. Acceptable forms of payment include cash, check and major credit cards and payment for each session, including co-payment, is expected at the time of service. Cancellations or missed appointments without 24 hours notice will be subject to full fee charge, and insurance companies do not pay charges for missed appointments.

Most insurance agreements require you to authorize us to provide a clinical diagnosis and sometimes additional clinical information. If you request it, I will provide you with any information I or the billing company I employ sends to your insurance company. This information will become part of the insurance company's files. Insurance companies claim to keep information confidential, but you should check with your insurance company directly if you have questions about their confidentiality practices.

The hourly rate you will be charged is for one 60-minute appointment and the attending documentation time. The fee for each psychotherapy session is \$ 140. The first session, the Diagnostic Interview, is billed at \$170 per session.

If you are uninsured or have public aid, the following fees apply:

- LSW/LPC: \$70.00
- LCSW/LCPS: \$120.00

Please note: We do have a sliding scale, you might make criteria for a reduced fee with the approval of the Clinical Director. If you have questions about this, please ask.

If you have a health insurance that's not in our network, the following fees apply:

- \$150.00 for an individual psychotherapy session.
- \$175.00 for a family/couples psychotherapy session.

In addition to your regular appointments, your care may require additional professional services. These other services may include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other services you may request of your therapist.

Please be mindful of the following fees:

- You will be charged \$75.00 for any telephone consultation/conversation requested.
- You will be charged \$150.00 for any letter requested.

An account that has not been paid for more than 60 days without payment arrangements being made will be eligible for collection proceedings. This may involve legal action, hiring a collection agency or going through small claims court. If legal action or collection assistance is necessary, its costs will be included in the claim. In most collection situations, the only information we release regarding a client's treatment is his or her name, the nature of services provided and the amount due.

SOCIAL MEDIA POLICY

In order to maintain your confidentiality and our respective privacy, I do not interact with current or former clients on social networking websites. I do not accept friend or contact requests from current or former clients on any social networking sites. I will not respond to friend requests or messages through these sites.

I will not solicit testimonials, ratings or grades from clients on websites or through any means. Although it is your decision, I encourage you to avoid writing testimonials about me on any websites, in order to maintain your privacy. I will not respond to testimonials, ratings or grades on websites, whether positive or negative, in order to maintain your confidentiality. My hope is that you will bring concerns about our work together to the therapy session so we can address concerns directly.

Please do not contact me through text messages. This is not a secure communication, and there is possibility that I will not get the message in a timely manner or that communication will be interpreted in an unclear manner. If you need to contact me between sessions, please call me at 1-(331)-318-8181.

I am happy to accept emails about general matters such as scheduling or changing appointments. Please do not include personal information about your therapy in emails, as email is not completely secure and confidential. If there is information that you believe needs to be shared prior to our next appointment, call me and we can arrange a time to speak by telephone. I do keep all emails sent to and received from my clients as part of the therapy record.

PROFESSIONAL RECORDS

Both law and the standards of our profession require that we keep appropriate treatment records. If we receive a request for information about you, you must authorize in writing that you want the requested information released.

CONFIDENTIALITY

In general, the confidentiality of all communications between a client and a therapist is protected by law, and I can only release information to others with your written permission. However, there are a number of exceptions, which I have indicated below. More information is provided about this in your HIPAA statement.

In judicial proceedings, if a judge orders the records released to the courts, we may have to release the records. In addition, I am ethically and legally required to take action to protect others from harm even if taking this action means I reveal information about you. For example, if I believe a child, elderly person or disabled person is being abused or neglected, I am mandated to report this to the appropriate state agency. If I believe a client is threatening serious harm to another person or property, I may take protective action (through notifying the potential victim, the police, and/or facilitating hospitalization of my client). If I believe a client is a serious threat to harming him/herself, I may take protective action (arranging hospitalization, contacting family/significant others for notification, or contacting the police).

I would make reasonable effort to discuss any need to disclose confidential information about you, and am happy to answer any questions you have about the exceptions to confidentiality.

This written summary of exceptions to confidentiality should prove helpful in informing you about potential problems. However, you may consider discussing these exceptions with separate legal counsel, as the laws governing confidentiality are quite complex and are subject to change.

NO “SECRETS POLICY”

When treating a couple or a family, the couple or family is considered to be the client. At times, it may be necessary to have a private session with an individual member of that couple or family. There may also be times when an individual member of the couple or family chooses to share information in a different manner that does not include other members of the couple or family (i.e on a telephone call, via email, or via private conversation). In general, what is said in these individual conversations is considered confidential and will not be disclosed to any third party unless your therapist is required to do so by law. However, in the event that you disclose information that is directly related to the treatment of the couple or family it may be necessary to share that information with the other members of the couple or the family in order to facilitate the therapeutic process. Your therapist will use his or her best judgment as to whether, when, and to what extent such disclosures will be made. If appropriate, your therapist will first give the individual the opportunity to make the disclosure themselves. This “no secrets” policy is intended to allow your therapist to continue to treat the couple or family by preventing, to the extent possible, a conflict of interest to arise where an individual’s interests may not be

consistent with the interests of the couple or the family being treated. If you feel it necessary to talk about matters that you do not wish to have disclosed, you should consult with a separate therapist who can treat you individually.

MINORS

Patients under 12 years of age and their parents should be aware that the law allows parents to examine their child's treatment records. When children between the ages of 12 and 18 are seen alone the content of these sessions is kept confidential, between therapist and child. Parents of children between 12 and 18 years of age cannot examine their child's records unless their child consents or unless I find there is no compelling reason for denying them access to those records. Parents of children between 12 and 18 years of age are entitled to information concerning their child's current physical and mental condition, diagnosis, treatment needs, services provided and services needed. If the therapist believes that the child is at imminent risk of harming himself/herself or others, the therapist will notify the parents of this concern. Before giving parents any information, the therapist will discuss the matter with the child, if possible, and the therapist will try to handle any objections the child may have with what the therapist is prepared to discuss with the parents. Our policy is that both parents be notified that their child is in therapy and both parents consent to therapy for the child.

LEGAL AND COURT RELATED SERVICES

We do not provide or perform evaluations for custody, visitation, or other forensic matters. Therefore, it is understood and agreed that your therapist cannot and will not provide any testimony or reports regarding issues of custody, visitation, or fitness of a parent in any legal or administrative proceed. The role of a therapist at Olimene Counseling Services is not to make recommendations to the court concerning custody, parenting issues, etc. By signing this document, you agree to not subpoena us to court for testimony or for disclosure of treatment in such litigation; and you agree not to request that we write any reports to the court or to your attorney, making recommendations concerning custody or other legal matters. Olimene Counseling Services is not able to provide court recommendations, as it is beyond our scope of our therapists' practice. Any request for custody recommendations will be denied. A court is able to appoint professionals with the expertise to make such recommendations.

If your therapist is contacted by an attorney regarding your treatment or treatment of your child (either at your behest or related to a legal matter you are involved in), please note the following:

- You will be charged \$75.00 for any consultation with any court personnel including an attorney.
- You will be charged \$150.00 for any letter requested.

Charges for court related services are not covered by insurance.

Court related services include: talking with attorneys, preparing and reviewing documents,

traveling to court or deposition venue, attending depositions and court hearings/trials.

You will be charged for any costs we incur responding to attorneys in your case, including but not limited to fees we are charged for legal consultation and representation by our attorneys.

QUESTIONS

If during the course of therapy, you have any questions about the nature of your therapy or about your billing statement, please ask.

A FINAL WORD

The counseling relationship is a very personal and individualized partnership. We want to know what you find helpful and what, if anything, may be getting in the way. We want you to feel free to share with us what we can do to help.

Please ask before signing below if you have any questions about psychotherapy or our office policies. Your signature indicates that you have read this Outpatient Services Contract and agree to enter therapy under these conditions. Your signature below indicates that you are making an informed choice to consent to therapy and understand and accept the terms of this agreement.

I consent to receive Olimene Counseling Services newsletters and updates via email.

Please initial in box.

Client's Name: _____
(Please print)

Signed: _____ Date: _____

Signed: _____ Date: _____
(Parent or guardian if under age 18)

Parent or Guardian's Name: _____
(Please print)

Signed: _____ Date: _____
(Parent or guardian if under age 18)

Parent or Guardian's Name: _____
(Please print)

