



# Service agreement and informed consent to treat

## EFFECTS OF PSYCHOTHERAPY

Participation in psychotherapy may result in a number of benefits to you including resolution of the specific concerns that led you to seek treatment, as well as improvement in overall functioning and quality of life. Changes are sometimes easy and swift but more often will be slow and, at times, frustrating and always require your active involvement and effort. During the course of the initial evaluation or psychotherapy sessions, remembering or talking about unpleasant experiences may result in discomfort or intense feelings of anger, sadness, worry, fear, etc., or cause anxiety, depression, insomnia, or other side effects. Additionally, psychotherapy may result in decisions about changes in behaviors, career, substance use, relationships, or other significant life choices. Sometimes a decision that is positive for you may be viewed quite negatively by significant others. There is no guarantee that psychotherapy will yield positive or intended results.

You have the right to ask about other or adjunct treatments for your condition and, when appropriate, you will be assisted in obtaining a referral. If at any point in the treatment we determine we cannot be effective in helping you reach your therapeutic goals, we are obligated to discuss it with you, and if appropriate, to terminate the treatment, providing a number of referrals which may be of help.

You have the right to terminate psychotherapy at any time. You are strongly encouraged to talk about your reasons for ending the treatment. If you request, we will provide you with the names of other professionals who are qualified to help you.

## CONFIDENTIALITY

All information concerning clients is held confidential and is released only through procedures consistent with the law and professional ethics. Limits of confidentiality are such that if a client is involved in a court of law, the court can successfully subpoena any records or staff related to the case. The law requires that therapists must notify law enforcing officials of any person endangering self or others even if confidentiality needs to be breached in the process. The law also requires therapists to warn any persons who are imminently endangered by a client. We maintain a manual in our waiting area that explains our full compliance with HIPAA requirements. If you have further questions about our privacy practices, please contact your therapist.



## RECORDS

Clients have the right to review and/or receive a copy of their records upon written request. Records will not be disclosed or redisclosed to any party without an appropriate written release of information which is authorized by all involved clients. Records for couples and families require all involved persons to authorize any disclosure of records and are available for review by all persons involved in the therapy. The records of minors under age 12 are available for parental review. Some health insurance companies request copies of records and/or treatment summary/prognosis before issuance of reimbursement to clients; records will not be released to these parties without written authorization to release by the clients. Therapists are not liable for denial of reimbursement from insurance due to client's refusal to authorize this records release.

## EMERGENCY PROCEDURES

If an emergency situation does arise and you need urgent psychiatric or medical assistance, immediately call 911 or present yourself at the Emergency Room of your local hospital.

## TELEPHONE & OTHER ELECTRONIC COMMUNICATION

If you need to contact us between sessions, please leave a message on our confidential voicemail 312.460.8001. Messages are checked frequently, Monday through Friday during normal business hours (9:00am to 6:00pm CST). Every attempt will be made to return your call in a timely manner as circumstances permit. Our voicemail will not be checked after normal business hours or on weekends. Feel free to leave messages during these times regarding scheduling or other non-emergency issues.

If you request a telephone or internet session, please be advised that Millennium Counseling Center will be held harmless for ANY breach of privacy or security using these methods of communication. This also includes email communication, texts and any other form of electronic communication.

## DUAL RELATIONSHIPS

It is inappropriate for a therapist to be involved with clients in any business relationship or other dual relationship which might create a conflict of interest, might interfere with objectivity, clinical judgment, or therapeutic effectiveness; or which is exploitative in nature. Psychotherapy never involves sexual contact.



## THERAPIST LICENSURE

Your therapist may be licensed as a Licensed Professional Counselor (LPC) or Licensed Social Worker (LSW). In Illinois, graduates of Masters Degree programs may be licensed as an LPC or LSW upon completion of required coursework and internships as required by law. There is a minimum two-year waiting period before the LPC or LSW can seek full licensure as a Licensed Clinical Professional Counselor (LCPC) or Licensed Clinical Social Worker (LCSW), during which time he/she must complete over 3,000 hours of post-graduate work experience under the direct supervision of a fully-licensed clinician. LPCs and LSWs at Millennium Counseling Center have completed all coursework and internship hours as required by law, are screened with a basic background check and are fully supervised by clinically licensed therapists contracted at Millennium Counseling Center. Full supervision means your case will be reviewed by clinically licensed therapists and your therapist on a regular basis. Should you have any questions regarding these requirements, feel free to bring them up with your therapist or any of our supervisors.

## CANCELLATIONS

Your appointment time is reserved for you alone. All clients are expected to provide their therapist a minimum of 24 hours notice in the event of canceling or rescheduling an appointment. Any appointments canceled less than 24 hours prior to that original appointment time will be charged for that missed session. If unusual circumstances force a cancellation with less than 24 hours' notice, arrangements may be negotiated with your therapist.

## FEE S

Clients are expected to pay at the time of service. All clients will be provided with a monthly statement (see below) which may be submitted to his/her health insurance company for possible reimbursement. Clients assume responsibility for filing their own insurance claims, unless prior arrangements are made between a managed care/preferred provider service, the client and the therapist.

Court testimony, depositions or document preparation for subpoenaed records will be charged at a rate of double time, plus any travel time and mileage and may include any legal expenses which are related to your case which are incurred by us.

An automatic payment plan is available for the convenience of our clients. Therapists are entitled to collection of the full fee for services rendered. It is illegal for a client to collect insurance reimbursement based upon full-fee billing when that client has only paid a co-payment or prorated amount. Balances outstanding beyond 120 days will be sent to an external collection agent resulting in possible negative reporting to credit bureaus.



**Monthly Statements:** We will provide you with a monthly statement either electronically through encrypted email or on letterhead by U.S. Mail. Please check the box below with your preference:

- Electronic statement sent to email address on Client Information Form.
- Paper statement mailed to postal address on Client Information Form.

I/We, the undersigned, have received a copy of Millennium Counseling Center’s “Service Agreement and Informed Consent to Treat”. I/We have read it and agree to its terms.\*

.....  
*Signature of client or his or her personal representative*

.....  
*Date*

.....  
*Printed name of client or personal representative*

.....  
*Relationship to the client*

.....  
*Therapist*

\*It is required that all parents or guardians of minor children under age 12 who have legal custody, including joint custodial arrangements, consent to that child’s participation in therapy. It is also required that each child who is 12 years of age or older and is involved in treatment, must sign this agreement.