

Practice Policies

Depth Counseling Services, P.C.

122 South Michigan Avenue, Suite 1441

Chicago, Illinois 60603

312-786-4990

PRACTICE POLICIES

APPOINTMENTS AND CANCELLATIONS

Please remember to **cancel 48 hours in advance**. You will be responsible for the entire fee if cancellation is less than 48 hours. Please note that the entire fee includes your copay and any portion normally paid by insurance since insurance companies do not pay for late cancellations nor negotiate their price, so the entire fee will likely be higher than your copay plus the amount that your insurance normally pays. (If a fee has not been determined, e.g. for your initial consultation, I will assess a default \$50 fee for late cancellations.) This is necessary because a time commitment is made to you and is held exclusively for you. In some cases it might not be possible to give 48 hours notice. If you can reschedule your appointment within the same 7 day period, and I have an available time that works for you, then I will waive any late cancellation fee. It is your responsibility to request this option. Please note that I might not have an available time for rescheduling, or that my available times might not work for you. In these cases, the late fee will apply. Please note further that, if you are 20 minutes late for a session, the session will automatically be considered a late cancellation, and we will assess a late fee or reschedule accordingly. Clients with Medicaid plans will not be charged for late cancellations or no shows; however, two no-shows or two late-cancellations in the same month may result in a termination of the counseling relationship (unless you are able to reschedule for the same week).

NO GUN POLICY

We do not allow guns or firearms of any kind in Depth Counseling offices or waiting rooms. If you bring a gun or firearm to your session, your therapist will respectfully ask you to leave and to return only when you no longer have it with you.

PERSONAL OR FAMILY EMERGENCY

There will be no late cancellation fee in cases of personal or family emergencies. An "emergency " is defined as a health crisis, such as a concussion, warranting an emergency room visit. You will not be charged for any such emergency, regardless of the late notice. "Emergency" status does not apply to colds, the flu, migraines, or other illnesses. It also does not apply to work obligations, such as an unexpected meetings or the need to travel out of town on short notice.

INSURANCE

As a courtesy to our patients, Depth Counseling is pleased to assist in the submission of medical insurance claims to insurance companies we are contracted as in network with for payment. By signing this form, you understand that your insurance company may not cover 100% of your bills for services provided, and that you will be responsible for the payment of any remaining balance due.

Insurance is complicated, so we do our best to assist you in verifying your benefits; however, it is ultimately your responsibility to know your insurance benefits.

It is your responsibility to provide Depth Counseling with accurate and current insurance information and to notify us immediately upon any change in your insurance coverage to ensure efficient claims billing and payment. In the event that you fail to provide all necessary and current insurance information, you understand that your insurance company may deny payment of claims of services rendered to you, and that you may be fully responsible for your entire account balance.

You will be responsible for paying copayments, coinsurance, deductible, and any fees relating to services rendered that are not covered by your insurance company.

PAYMENT

We prefer to collect payment after each session through an automatic credit card charge. You can set up your card for payment and view all receipts in your client portal. This method is secure and convenient. You are also welcome to make a payment by check made payable to "Depth Counseling Services" and mail your check to:

Depth Counseling Services 122 S. Michigan Ave., Ste 1441 Chicago, IL 60603 To take this payment option, please inform your therapist. (Otherwise we will assume you prefer to use your card.) We unfortunately cannot accept cash payment.

RETURNED CHECKS

A \$10.00 service charge will be charged for any checks returned for any reason for special handling.

TELEPHONE ACCESSIBILITY

If you need to contact me between sessions, please leave a message on my voice mail. I am often not immediately available; however, I will attempt to return your call within 24 hours. Please note that Face-to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available. If a true emergency situation arises, please call 911 or any local emergency room.

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

ELECTRONIC COMMUNICATION

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that: (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. (2) All existing confidentiality protections are equally applicable. (3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee. (4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent. (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition, including any bruises or injuries, and the congruence of your verbal and non-verbal communication. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist.

MINORS

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

RECORDING

I will not engage in any recording of your session, unless I explicitly obtain your consent for educational or research purposes, or unless you request to record the sessions for your own benefit and I agree to do this. We ask that you likewise protect yourself by ensuring that you are talking to us from a private

location, that you are not engaging in any internet activity that might include recording or streaming your session, and that you do not include anyone in the session that is not explicitly disclosed at the beginning of the session.

TERMINATION

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 source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.