

Pathway Therapy Services

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PRACTICE POLICIES

APPOINTMENTS

What you can expect from the first few sessions is a review of your background; the information you feel important to share with me in order to help better understand you and your needs, me gathering other information pertinent to why you are seeking therapy, and getting a well-rounded picture of you and the roles you play in your life and those in it. You will be asked to read this document in its entirety and sign the “Signature Page” indicating your agreement with the terms presented in this document.

Our first few sessions will involve an evaluation of your needs, after which I will offer you some first impressions of what our work will include and discuss a treatment plan. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be selective about the therapist you choose. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to provide a list of referrals to qualified mental health professionals for a second opinion.

CANCELLATIONS

Please remember to cancel or reschedule more than 24 hours in advance. **You will be charged \$50.00 for appointments cancelled with less than 24-hour notice**, unless we both agree that you were unable to attend due to circumstances beyond your control. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time. If there is a pattern of cancellation of appointments and/or cancelling under 24 hour notice, I reserve the right to limit the number of appointments booked at one time or restrict online access altogether. If three months’ time lapse between appointments without discussion your status within the electronic system will change from active to “inactive”. You may re-active your account at any time by contacting me to do so.

The standard meeting time for psychotherapy is 55 minutes. Requests to change the 55-minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

I strive to remain on-time with scheduling. Please be on time. Note that due to the nature of the therapeutic process some sessions will unpredictably go over the allotted time limit. I honor and

respect each and every client's process and at times a few minutes are needed to close a session properly. Please be patient if this occurs. Excluding special circumstances and due to the scheduling of others' appointments, I am usually unable to extend past the usual end time. Therefore your full fee will be due even if you are late. However, if I am running late, I will either prorate your session fee (if possible, given your payment situation) or extend the time.

PROFESSIONAL FEES:

Initial evaluation appointment..... 55 minutes.....\$160 per evaluation

Individual Psychotherapy appointment...55-minutes...\$140 per session

Individual Psychotherapy appointment... 45-minutes...\$105 per session

Individual Psychotherapy appointment....30 minutes...\$70 per session

Family psychotherapy appointment..... 55 minutes...\$150 per session

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. **However, you (not your insurance company) are responsible for full payment of fees. It is important that you carefully read the section in your insurance coverage booklet that describes mental health services. As well, it is recommended that you call your insurance company to find out exactly what mental health services your insurance policy covers.**

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services or limit the number of session available. It may be necessary to seek approval for more therapy after a certain number of sessions. There are no guarantees that such requests will be granted. Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described.

Health insurance companies require that you authorize me to provide relevant information regarding rendered services. If you seek reimbursement for services through your health insurance company, your signature on the Signature Page will indicate the authorization which allows me to provide such information, including a clinical diagnosis. Sometimes I am required to provide additional information such as treatment plans or summaries. I will make every effort to release only the minimum information necessary. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands.

COMMUNICATION ACCESSIBILITY

If you need to contact me between sessions, please use the secure message feature through your client portal. I am often not immediately available; however, I will attempt to return your message or call you within 1 business day. 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. In addition, please do not call or email me in cases of emergencies. I am not an on-call clinician. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or 911 or go to your nearest emergency room and ask for the therapist and/or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name and phone number of a colleague to contact, if necessary.

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, and video sessions is considered telemedicine. 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 deformities, apparent height and weight, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. 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.

COMPLAINTS

As in every relationship there are bound to be connection and attachment ruptures. Due to the nature of the in-depth clinical psychotherapy process we sometimes re-enact old unhealthy relationship patterns. Part of the healing process is changing these unhealthy interpersonal patterns, which requires consistent communication, honesty, and trust, all while being held in a safe therapeutic space. Repairing a rupture in a relationship is a hallmark of secure attachment. I believe that every rupture in a relationship is therapeutic material to aid in healing and attaining secure attachment. I uphold the highest ethical standards put forth by the American Psychological Association. You can expect me to work diligently on our therapeutic relationship as a vehicle for lasting change. The goal is for you to join me in any conversations needed about the status of our therapeutic relationship, or your perceptions and feelings you need to share. However, should you feel that after directly discussing any important issues that you need to make a formal complaint against my license about my therapeutic services, please contact the below Departments of Professional Regulation. My hope is that we can work to repair any ruptures so formal actions are unnecessary.

As in accordance with the State of Illinois, the following information is provided to you should you wish to file a formal complaint against my counseling services ([State of Illinois | Department of Financial & Professional Regulation \(idfpr.com\)](https://www.idfpr.com)):

Mailing Address for the IDFPR Complaint Intake Unit:

Department of Financial and Professional Regulation Division of Professional Regulation
Complaint Intake Unit 100 West Randolph Street, Suite 9-300 Chicago, IL 60601 Phone:
312/814-6910

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 months, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

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