



Jenn Pagone, LCPC
Pagone Psychological Services, LLC and
Whispering White Horse Stables, LLC



Locations in Schaumburg, IL and Marengo, IL
p 773.339.7949 / f 847-660-7997 / jennpagone@yahoo.com / www.pagonepsychologicalservices.com

Therapist-Client Services Agreement & Notice of Privacy Practices
SIGNATURE PAGE

Your signature below indicates that you have read the **Therapist-Client Consent for Services Agreement** and the **Notice of Privacy Practices**. These documents are electronically located on my website with a hard copy (which you may view at any time) in my office. It is your responsibility to read them in their entirety. In addition, your signature indicates that you agree to abide by the terms stated in these documents as well as the below bullet pointed items.

The Therapist-Client Services Agreement and the Notice of Privacy Practices represent an agreement between you and the psychology practice of Jenn Pagone, LCPC (Pagone Psychological Services, LLC and Whispering White Horse Stables, LLC). You may revoke this agreement at any time in writing. Furthermore, revoking or breaking these agreements will result in termination of the professional services provided to you by Jenn Pagone, LCPC (Pagone Psychological Services, LLC and Whispering White Horse Stables, LLC). Please note that if you have a lapse in therapeutic services for two (2) months your account will go inactive and you will lose the ability to electronically schedule sessions. Should you wish to return to therapy you may contact me to re-activate your account. _____

To highlight specific terms within the Therapist-Client Services Agreement, your signature below indicates that you agree to each of the following (please also initial by each bullet point):

- _____ I will schedule my own appointments (at Schaumburg location only) and understand it is *my responsibility* for any changes or deletion of appointments. I will abide by the 24 hour cancellation policy and understand that if my appointment is not cancelled and I do not attend my session I will be charged a \$50 no show/less than 24 hour cancellation fee. If I cancel my appointment on the same day I will be charged \$75.00. Cancellation fees are not covered by insurance. Cancellation fees can be paid by cash or check *within a week* of the scheduled date of service, or a \$2.50 convenience fee will be applied if paying by credit/debit card. I am aware that my account is set up to receive session notification reminders over 24 hours prior to each appointment.
- _____ I understand that therapy appointments can be changed or modified at any time by Jenn Pagone, and it is *my responsibility* to stay up to date on all of my scheduled appointments.
- _____ I understand that if I am a client at the Marengo location I need to call and cancel my appointment directly with Jenn Pagone (773-339-7949) and that the cancellation policy still applies.
- _____ I understand that three (3) or more no show appointments (under 24 hour cancellations) within a six (6) week time period, may result in losing the ability to schedule my own appointments, or termination of this agreement. Depending upon the circumstances this may lead to termination from further therapeutic services. At which time I will contact my insurance company for a referral to another provider.

- _____ I understand that my balance and understanding my insurance policy are *ultimately my responsibility*, and will pay all co-pays and/or co-insurance and/or deductible on the date of service. If I pay by credit/debit card I understand that I will be charged a \$2.50 convenience fee (for charges under \$50; \$5.00 for over \$50 charges).
- _____ I understand that if I change insurance companies I am obligated to immediately provide that information to Jenn Pagone. Failure to do so will result in owing my complete balance out of pocket and on the date of service.
- _____ I understand that in case of an emergency I will call 911 and/or go to my nearest emergency room. I understand that Jenn Pagone, LCPC is not an on-call clinician and that only scheduled in-office appointments (not via telephone, text or skype/facetime, etc.) for therapeutic services will be rendered.
- _____ I understand that communicating through text and email are not secure forms of communication and I assume all risks should information be breached. I understand that I may use the encrypted email through my account through therapyappointment.com or through the free and encrypted text app Signal.
- _____ I understand that Pagone Psychological Service and Whispering White Horse Stables take reasonable measures to ensure the safety of my Protected Health Information (PHI).
- _____ I understand each session is 45-55 minutes in length (not 60 minutes) and I will take responsibility to start and end each session on time. I understand that due to the nature of therapy unforeseen emergencies may arise which may impact the length of my session. I understand that my session will not automatically be extended, and may be prorated for actual session time.

Signature of Client and *Printed Name*

Date

Parent (if under 18) and/or Insurance Policy Holder

Date

Jenn Pagone, witness

Date