

## **Consent for Services**

### **Consent for Treatment**

Family Therapy is brief and solution-focused with specific and attainable therapeutic goals which are designed with the "end in mind." Systemic therapists believe that individual problems need to be understood in their context, which includes the nuclear family, extended family, and the community where the family lives. In other words, the focus of treatment may expand beyond the individual even if the individual is interviewed alone - and the set of relationships in which the person is embedded may influence the treatment. This is because a family's patterns of behavior influence the individual and the individual influences the family's interactional patterns. As a result, family therapists may work with whole families, individuals, couples, and other family sub-units to facilitate change. (Adapted from Marriage and Family Therapy: Helping Today's Families (1989). American Association of Marriage and Family Therapy, Washington, DC.) A family therapist seeks to help people by providing treatment for a wide array of concerns including family problems, relationship problems, and life adjustment problems.

### **Clinician's Experience**

I am a Licensed Clinical Professional Counselor in the State of Illinois, National Board-Certified Counselor by NBCC (National Board of Certified Counselors) and Restorative Practices Coach in the District of Chicago, IL. My work is consistent with all applicable state laws as well as professional ethical standards. My license and professional code of ethics are available for you to review upon request.

I received my graduate degree in community counseling and I am trained in psychotherapy, family systems and Restorative Practices. As a Licensed professional, I am able to diagnose and treat mental and emotional disorders within the context of individuals, couples and families. In addition, I address a wide array of behavioral problems and relationship issues. Treatment is based on a model which draws on client strengths, is solution-focused, and family centered.

### **Confidentiality**

Under Illinois law, communications between a client and a licensed counselor are privileged (confidential) and may not be disclosed without the specific authorization of the client or the parent or legal guardian of the minor client, except under specific, limited circumstances. For example, client information may be shared with others only with your written permission, through a court order, or when otherwise required by law to be disclosed (see "Reporting Requirements" and "Duty to Protect or Warn" below). Records may also be subject to audit by regulatory authorities.

Records and information pertaining to your alcohol and/or drug treatment are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R Part 2 and cannot be disclosed without your written consent unless otherwise provided for in the regulations.

Your file contains written information about our work with you and your family, including an initial assessment, progress notes, signed releases of information, and summary information. You have the right to access and review your records upon request.

As part of maintaining a valid license, I am required to consult cases with colleagues. I also obtain formal supervision on certain cases when I believe it is necessary. In these situations, I do not disclose the identity of my client. My colleagues are legally bound to confidentiality. By signing this document, you are acknowledging that you understand that I may discuss your case in consultation and/ or supervision and do not object to my doing so.

### **Minors**

The treatment of a minor must be authorized by a parent or guardian (with limited exceptions). Although communications with adult clients are confidential as described above, in the treatment of minors, parents have a right to access and authorize the release of information relating to their child. When a child turns 18, control of treatment as well as file information and records revert to the child. If treatment occurs with authorization by only one parent, the non-signing parent still has a legal right to a copy of the minor's records if he/she requests them, unless his or her parental rights have been terminated or there is a court order prohibiting us from doing so.

If you are a parent of a minor who is receiving services from Charu Chandra, LCPC, you agree that the information I reveal to you about the minor may be limited to information necessary to assist you in being helpful to the minor in the context of your relationship with him/ her and to preserve the safety of that minor and others. Specific content from my meetings with the minor will be revealed at my discretion.

### **Couples**

Treatment records of the couple's sessions contain information about each person. Therefore, both clients must sign this informed consent document and agree that treatment records will only be released by joint consent. In the event of a disagreement, the records will not be released without a court order.

### **Groups**

Unlike individual treatment, confidentiality of group therapy is not protected by law. Group members must sign and abide by a written confidentiality agreement prior to participating in the group. Clients with concerns about confidentiality should discuss them prior to beginning treatment.

### **Reporting Requirements**

Among the exceptions to confidentiality are State of Illinois laws, which require licensed therapists to report to the appropriate authorities' certain types of conduct. For example, any person who suspects a child or incapacitated adult has been abused, neglected or exploited must report to state authorities. Licensed therapists are required to warn the police or likely victims of a client's "serious threat of physical violence: to a person or property. There are also other reporting laws.

### **Conflicts of Interest**

At times, actual or potential conflicts of interest may arise for unforeseen reasons. In the event that I become aware of a conflict of interest in providing treatment to you, I may be required to refer you to another therapist. Regardless of the existence of a conflict of interest, you can be assured that any information will remain confidential.

### **Ethical Standards**

The nature of the counseling relationship is unique, and Charu Chandra, LCPC provides services that are guided by ethical standards. Because of the need to protect clients from harm or confusion, family therapists must establish and maintain appropriate professional boundaries with present or past clients, including avoiding any client contact where the counseling role may be compromised.

### **Risks and Benefits**

Participating in psychotherapy can have risks and benefits. Since participation in these services often involves discussing unpleasant aspects of your life, you might experience uncomfortable feelings like sadness, anger, guilt, anxiety, frustration, loneliness, and helplessness. On the other hand, participating in psychotherapy can also have benefits. It can lead to more positive relationships and a better understanding of oneself and others. Therapy can also provide solutions to specific problems and reduce feelings of distress.

### **Electronic Communications**

Charu Chandra, LCPC cannot guarantee the confidentiality of electronic (e.g., by facsimile or email) communications. If you do not consent to electronic communications, please inform your therapist before beginning treatment, so we can determine how to proceed.

### **Record Maintenance and Documentation**

Charu Chandra, LCPC maintains clinical and business records for each person/family for whom we provide services. These records are maintained for a minimum of five years following the last activity and include, but are not limited to, intake information, progress notes, assessments, treatment plans, releases of information, and information and/or documents provided by or about you before, during and after the treatment. You or anyone that you authorize by a written authorization for release of information has the right to access and review your records. If requested, Charu Chandra, LCPC will provide you with a copy of your records within thirty days of the request. Charu Chandra, LCPC reserves the right to charge a reasonable fee for copies of records.

### **Cost and Payment for Services**

Services are billed at a rate of \$125.00- \$175.00 per session for family therapy. The standard fee for the initial intake is \$175.00 and each subsequent session may range from 45 min. to 1 ½ hours, as negotiated between you and the therapist. Session length and fee schedules may already be predetermined depending on the contracted third-party payer.

Payment (including co-payment and co-insurance) is expected at the time of service, and is accepted in the form of cash, personal check. Receipts for services can be provided upon request. All fees are subject to change.

Billable time may include, but is not limited to: 1) face to face meetings, 2) telephone contact with family members and community providers, 3) requested documentation including reports and letter writing, 4) court involvement (refer to Court Involvement section for specific fees), 5) preparation for meetings out of the office, and 6) travel time to meetings. These services will be billed in increments of 15 minutes.

If you are having some difficulty making payment because of your financial situation, it is important to talk to your therapist immediately so a plan or timetable for payment can be worked out. As long as you communicate about your financial situation, a reasonable plan for payment can be arranged. With regard to minors with divorced parents, the financially responsible guardian(s) agrees to pay for services rendered to their child regardless of any disagreements with the other parent.

You may stop treatment at any time; however, you will still be responsible for paying for services you have already received.

In the case that your account is delinquent and our attempts to obtain the unpaid balances are unsuccessful, we will submit your account to our collection agency for enforcement of collection. If your account goes to our collection agency, you agree to pay any and all charges associated with the collection of your account.

### **Cancellations**

Once your appointment time is scheduled and reserved, we request 24 hours advanced notice for a cancellation. Failure to provide 24 hours' notice will result in a full session fee. Please be advised that if your canceled appointment is scheduled for longer than one hour, you will be charged for the length of the scheduled appointment. Payment for missed or cancelled appointments is the responsibility of the client since insurance companies do not pay for missed appointments. Exceptions may be made for emergencies or extenuating circumstances by talking with your therapist.

### **Court Involvement**

Therapist at Charu Chandra, LCPC prefers not to get involved with the courts as it may negatively affect the client treatment, progress and therapeutic relationship. In the event you request or require your or your child's therapist to attend or prepare for court you agree to provide compensation at the rate of \$200 per hour. Such services may include but are not limited to preparing a treatment summary, report writing, deposition or trial preparation, attendance, and travel time. Please be aware that as long as we are acting as your therapist, we are prohibited by our code of ethics from additionally providing any expert services or professional opinions for you in court matters.

If you are seeing us due to a court order that requires you and/or your child(ren) to seek counseling, we may request a copy of the court order prior to treatment so we have an opportunity to review the order and expectations. If you have been ordered by the court to obtain treatment, there may be limits on confidentiality in addition to the ones described above. For instance, we may be obligated to file a report with the court that ordered you to seek treatment.

### **Contacting Your Therapist/ Emergency Coverage**

In the event of an emergency call 911 or your local police/emergency services number. You may also go to your local emergency room for evaluation. If you want to reach your therapist, call 312-479-4779 to leave a message. Please be advised your therapist may take some time in getting back to you. If your phone number is blocked, please unblock it by pressing \*87 on your phone in order to receive a return call from your therapist. Furthermore, you will be informed of any holiday/after-hours/vacation coverage.

### **Insurance/ Managed Care**

Therapist at Charu Chandra, LCPC is in-network providers for a select number of insurance companies. It is important to note that using third party payers, such as insurance companies, carry a certain amount of risk in regards to confidentiality. Therefore, our affiliation with insurance companies is minimal. If you choose to use your health insurance to pay for psychotherapy, be aware that your insurance company and, in some cases, your employer, may have access to information about your mental health. Therapists are required to provide information so that individuals may receive benefits, and this typically involves making a diagnosis from the DSM V (Diagnostic and Statistical Manual of Mental Disorders) and giving treatment information. Some people choose to pay for therapy themselves so that their mental health treatment remains private. Additionally, utilizing insurance companies may limit the length of appointments and overall services.

Many health care plans offer out-of-network benefits, in which you still may be eligible for reimbursement of services. Families with out-of-network benefits pay for services upfront but get directly reimbursed by the insurance company following services. We encourage you to call your insurance carrier to inquire if out-of-network benefits are available to you.

In the event that you request that we bill your insurer, you give authorization to Charu Chandra, LCPC to release and exchange confidential information about your treatment and family history to your insurance company or third party payer in order for services to be provided and reimbursed. You understand that if your insurance company or third party payer does not pay for a service, you are ultimately responsible for the payment of your account.

By signing this document, you agree to pay for services rendered that your insurance company does not cover, including but not limited to report writing, travel time, attendance at meetings, phone calls, court appearances, etc

Charu Chandra, LCPC keeps a credit card number on file for each client in case there is an outstanding account balance which has not been paid. In the event your credit card is used to pay off your account,

you will be charged the full amount that remains unpaid which may include a late fee. Fees are subject to change without notice.

Credit card type: Mastercard Visa Discover

Name on card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Three Digit Card Code (located on back of card): \_\_\_\_\_

Initials: \_\_\_\_\_

**ACKNOWLEDGEMENT AND ACCEPTANCE**

I acknowledge that I have received and reviewed this agreement in its entirety. My signature below indicates my acceptance of and agreement to all of its terms.

Family Signatures:

\_\_\_\_\_  
Print Name- \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print Name- \_\_\_\_\_ Date \_\_\_\_\_

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Print Name- \_\_\_\_\_ Date \_\_\_\_\_

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Print Name- \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_