



**STUDIO**  
FOR CHANGE

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Chicago, Illinois 60657  
773-281-8130  
studioforchange.com

### **Therapy Services Agreement**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE# \_\_\_\_\_ EMAIL \_\_\_\_\_

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### **INSURANCE INFORMATION**

INSURANCE COMPANY \_\_\_\_\_

INSURANCE ID NO. \_\_\_\_\_

GROUP NO. \_\_\_\_\_

INSURED'S NAME (if different than above) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

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REFERRED BY \_\_\_\_\_

## **Welcome to the Studio For Change®!**

This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions that you might have so that we can discuss them at our next meeting. Once you sign this, it will constitute a binding agreement between you and the Studio For Change.

### **Psychological Services**

Psychotherapy is not easily described in general statements. It varies depending on the personality of both the therapist and the client and the particular problems that the client brings. There are a number of different approaches, which can be utilized to deal with the problems you hope to address. It is not like visiting a medical doctor, in that psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger and frustration, loneliness, and helplessness. Psychotherapy often requires discussing unpleasant aspects of your life. Psychotherapy has also been shown to have benefits for people who undertake it. Therapy often leads to a significant reduction in feelings of distress, better relationships, and resolutions of specific problems. But there are no guarantees about what will happen.

Your first few sessions will involve an evaluation of your needs. By the end of the evaluation, your therapist will be able to offer you some initial impressions of what your work will include and an initial treatment plan to follow, if you decide to continue. You should evaluate this information along with your own assessment about whether you feel comfortable working with your therapist. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about our procedures, we should discuss them whenever they arise. If any doubts persist, your therapist will be happy to help you to secure an appropriate consultation with another mental health professional.

### **Cancellation & Rescheduling Policy**

           (Client's Initials) The Studio For Change requires 24 hour notice for any non-emergency cancelled appointments. Therapy appointments must be cancelled or rescheduled 24 hours before the scheduled date and time. Any same day, non-emergency cancellations or no call, no shows are subject to a cancellation fee of \$75.00. For such purposes we require a credit card number on file.

### **Contacting Your Therapist**

Your therapist may not be immediately available by telephone. While we are usually in the Studio For Change office during the week, we usually do not answer the phone when

with a client. When your therapist is not available, a confidential voice mailbox that is monitored frequently answers our telephone. Your therapist will make every effort to return your call on the same day you make it with the exception of weekends and holidays. If you are difficult to reach, please leave some times when you will be available. If you cannot reach your therapist, and you feel that you cannot wait for a return call, you should call your family physician, 911, or the emergency room at the nearest hospital and ask for the psychiatrist or psychologist on call. If your therapist is unavailable for an extended period of time, you will be provided with the name of a trusted colleague whom you can contact if necessary.

### **Drug and Alcohol Policy**

The Studio For Change requests that clients seeking services be drug and/or alcohol free during therapy appointments. That is, no illicit drugs or alcohol are to be consumed prior to a therapy session.

### **Supervision**

In order to provide the best quality services, therapists often receive clinical supervision. As well, your Studio For Change therapist may be working towards a specific level of professional licensure. Your therapist's approved clinical supervisor will have access to your client file and information. You have the right to know and contact the licensed, clinical supervisor overseeing your case at any time. All approved supervisors are held to the same confidentiality requirements as your therapist.

## ***Payments & Billing***

### **Professional Fees**

           (Client's Initials) Your Studio For Change therapist bills at a rate of \$160.00 per therapy hour (\$250 for the initial assessment appointment). The therapy hour is typically 45-50 minutes in length. In addition to weekly appointments, it is our practice to charge this amount on a prorated basis for other professional services you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations with other professionals that you have authorized, preparation of records or treatment summaries, or the time required to perform any other service that you may request of your therapist.

### **Insurance Reimbursement**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources are available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. Studio For Change will provide you with whatever assistance your therapist can in facilitating your receipt of the benefits to which you are entitled including filling out forms as appropriate. However, you and not your insurance company are responsible for full payment of the fee that we have agreed to. All of our insurance billing is out-serviced through a second party

insurance biller and invoices for claims not paid by insurance may be sent directly to clients from our Studio For Change billing office.

It is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions, you should call your plan administrator and inquire. Studio For Change will provide you with whatever information your therapist can based on our experience and will be happy to try to assist you in deciphering the information you receive from your carrier. If necessary to resolve confusion, your therapist is willing to call the carrier on your behalf. The escalation of the cost of health care has resulted in an increasing level of complexity about insurance benefits, which sometimes makes it difficult to determine exactly how much mental health coverage is available. "Managed Health Care Plans" such as HMOs and PPOs often require advance authorization before they will provide reimbursement for mental health services. These plans are often oriented toward a short-term treatment approach designed to resolve specific problems that are interfering with one's usual level of functioning. It may be necessary to seek additional approval after a certain number of sessions. In our experience, while quite a lot can be accomplished in short-term therapy, many clients feel that more services are necessary after insurance benefits expire.

You should also be aware that most insurance agreements require you to authorize your therapist to provide a clinical diagnosis and sometimes additional clinical information such as a treatment plan or summary or in rare cases a copy of the entire record. This information will become part of the insurance company files, and, in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, your therapist will have no control over what they do with it. In some cases they may share the information with a national medical information data bank. If you request it, your therapist can provide you with a copy of any report submitted.

Once the Studio For Change has all of the information about your insurance company, your therapist will discuss what we can expect to accomplish with the benefits that are available and what will happen if the insurance benefits run out before you feel ready to end your sessions. It is important to remember that you always have the right to pay for our services yourself and avoid the complexities described above.

### **Court/Legal Proceedings and Custody Evaluations**

**\_\_\_\_\_ (Client's Initials)** If you become involved in litigation for any reason that requires your therapist's participation, you will be expected to pay for the professional time required. Should your Studio For Change therapist be subpoenaed into court, a retainer of \$1,000 will be charged to you, the client, as well as a rate of \$250 per hour for any time spent both preparing for and appearing in court. Such time includes all phone calls, fax,

emails, face-to-face meetings, transportation time and any additional costs involved in court preparation. **Unless specifically contracted, your Studio For Change therapist is not acting in the capacity of a custody evaluator and, therefore, is not available to testify for any reason throughout a divorce process.**

### **Paying Your Bill**

**\_\_\_\_\_ (Client's Initials)** You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to at the time these services are requested. In circumstances of unusual financial hardship, your therapist may be willing to negotiate a fee adjustment or installment plan.

As a courtesy, we will bill your BlueCross/Blue Shield insurance company as we are in-network for BlueCross/BlueShield. We are also able to bill Aetna and ValueOptions for clients with this insurance who are willing to accept their Out-of-Network benefits. **All co-pay fees are collected at the time of each visit.** In the event you have not met your deductible, your full fee is due at each session until the deductible is satisfied. Clients are responsible for all unpaid claims. For all other insurances, full payment is expected at the time of services. The Studio For Change offers a "superbill" (aka resceipt) for clients to submit to their insurance company for reimbursement.

If your account is more than 60 days past due and suitable arrangements for payment have not been agreed to, Studio For Change has the option of using legal means to secure payment, including collection agencies or small claims court. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim.

## ***Client Records & Confidentiality***

### **Professional Records**

The Studio For Change needs to ensure you are aware that your therapist is required to keep appropriate records of your work together such as dates seen and services performed. These records are kept in your main file along with your contact information and are kept in a locked file cabinet. At times, your therapist may record psychotherapy notes from our sessions. Because these records contain information that can be misinterpreted by someone who is not a mental health professional, it is our general policy that clients may not review them.

### **Confidentiality**

**\_\_\_\_\_ (Client's Initials)** In general, the law protects the confidentiality of all communications between a client and a therapist, and your therapist can only release information about your work to others with your written permission. However, there are a number of exceptions. In most judicial proceedings, you have the right to prevent your therapist from providing information about your treatment. However, in some

circumstances such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require your therapist's testimony if he or she determines that resolution of the issues demands it.

There are some situations in which your therapist is legally required to take action to protect others from harm, even though that requires revealing some information about a client's treatment. For example, if your therapist believes that a child, an elderly person, or a disabled person is being abused, we are required to file a report with the appropriate state agency.

If your therapist believes that a client is threatening serious bodily harm to another, we are required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a client threatens to harm him or herself, your therapist may be required to seek hospitalization for the client or to contact family members or others who can help provide protection. The situations described above have rarely arisen in our practice. Should such a situation occur, your therapist will make every effort to fully discuss it with you before taking any action.

Your therapist may occasionally find it helpful to consult about a case with other professionals. In these consultations, your therapist will make every effort to avoid revealing the identity of our client. The consultant is, of course, also legally bound to keep the information confidential. Unless you object, your therapist will not tell you about these consultations unless they feel that it is important to your work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. The laws governing these issues are quite complex, and your therapist is not an attorney. While your Studio For Change therapist is happy to discuss these issues with you, should you need specific advice, formal legal consultation may be desirable. If you request, your therapist will provide you with relevant portions or summaries of the applicable state laws governing these issues.

To summarize, your verbal communication and clinical records are strictly confidential except for: **a) in a case where a child or elder is being abused or neglected, b) information requested by your insurance company to process your claims, c) where you sign a release to have specific information shared, d) if you provide information that informs me that you are in danger of harming yourself or others.** If an emergency arises for which the client or their guardian feels immediate attention is necessary, the client or the guardian understands they are to contact the emergency services in the community for those services. Your Studio For Change therapist will follow those emergency services with standard counseling and support to the client or the client's family.

***Consent for Treatment***

**Signed Consent to Receive Services**

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Family Members /Significant Others Participating In Treatment**

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Credit Card On File**

Type of Card (check one):  Visa  MasterCard  Discover

Name on Card (please print) \_\_\_\_\_

Credit Card number \_\_\_\_\_

Expiration Date # \_\_\_\_\_ 3 Digit Code on back \_\_\_\_\_

Card Holder's Billing Address \_\_\_\_\_ Apartment# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

By my signature below, I certify that I understand that this credit card information is to remain on secure file with Studio For Change until the termination of treatment. I authorize all treatment charges, co-payments, unmet deductibles, and late cancellation



charges to be billed with this credit card unless I request otherwise.

Signature \_\_\_\_\_ Date \_\_\_\_\_