

Integrative Psychotherapy Associates, LLC
137 N Oak Park Avenue, Suite 400
Oak Park, IL 60301
(708) 386-8800

GUIDELINES FOR CLINICAL SERVICES

Welcome to Integrative Psychotherapy Associates, LLC, (IPA). Below are the general guidelines for clinical services at IPA. Please read this document and sign the attached form, indicating that you understand and agree to the Guidelines. Please consult with your therapist if you have any questions.

APPOINTMENTS: Appointments are arranged by contacting your therapist directly. A standard clinical session is ___ minutes in duration. Shorter or longer sessions may be arranged with your therapist by mutual agreement. Your therapist will indicate when each session is to conclude. It is recommended that you also monitor the time so you are prepared for the session to conclude at the designated time.

FEES: The first two sessions typically focus on assessment. The fee for these sessions is \$ _____. Thereafter the standard fees are \$ _____ for individual psychotherapy and \$ _____ for couples therapy. The fee may nominally increase periodically to reflect cost-of-living increases and other factors. You will be notified in advance of an upcoming fee increase. The fee covers all standard administrative tasks associated with your sessions (e.g., billing, scheduling, etc). Additional fees may be applied for other services you request (e.g., phone consultation) or that are warranted or required for your professional care (e.g., report writing, consultation with other professionals, etc).

REDUCED FEE OPTION: Your therapist may offer a reduced fee in cases of financial necessity and when funds for the payment of your therapist's standard fee are unavailable to you from other sources. Before setting a reduced fee, your therapist may request tax statements and other documentation of financial need.

PAYMENT: Payment for services rendered is required at the time of service. You may pay by check, cash, or credit card. Checks should be written out ahead of time (so as not to take time away from the session) and made out to Integrative Psychotherapy Associates, LLC. Credit card payments (Visa, Mastercard, American Express, Discover) may be processed in the office, at the time of service. You may also provide your credit card info on the Credit Card Authorization form and your payments will be processed for you after each session.

COLLECTION SERVICE: In the event that a balance due remains unpaid 90 days after the date of service, IPA may enlist the services of an outside agency to collect the unpaid balance. Be advised that you are responsible for any additional costs incurred by IPA in the collection process.

INSURANCE COVERAGE: IPA is a contracted Blue Cross Blue Shield of Illinois (BCBSIL) PPO provider and will bill BCBSIL directly for services rendered. You are financially responsible for any co-payments or co-insurance amounts due, for any non-covered charges (e.g., missed appointments), and for any balances unpaid by BCBSIL for any reason (e.g., deductibles). Payment for your portion of the charges is expected at the time of service. It is your responsibility to obtain pre-authorization prior to your first appointment if required by your policy. Call your member benefits number to confirm whether pre-authorization is required.

IPA is not a contracted provider for any other insurance companies. Upon request your therapist will provide a monthly claim form that you may submit to your insurance for reimbursement. This is a service to you and does not affect your financial obligation to IPA. Please be advised that the amount due at the time of service is not contingent on when, or whether, you receive insurance reimbursement.

LATE AND MISSED APPOINTMENTS: Once an appointment is scheduled, the allotted time is reserved for you. Appointments that are missed, or cancelled with less than twenty-four hours notice, are billed at the full per-session fee. Also, appointments end at the designated time whether or not you arrive on time. Such sessions are also billed at the full per-session fee. Insurance benefits may limit reimbursement for missed or late appointments.

CONTACTING YOUR THERAPIST AND EMERGENCY PROCEDURES: Your therapist maintains a confidential voicemail and email service. If you need to contact your therapist between clinical appointments, your message will normally be replied to within one business day. If an emergency situation arises, call 911 or go to your local emergency facility.

CONFIDENTIALITY: All clinical services provided at Integrative Psychotherapy Associates, LLC, are grounded in the confidentiality of the therapy process. We are committed to upholding your right to privacy. There are however certain limitations in our ability to maintain your complete privacy that you should know about. In the course of providing clinical services to you, your therapist will need to collect and record certain information about you. All recorded information about you is kept securely under lock and key in your therapist's office and/or in password protected data files on your therapist's computer. Your therapist will not share this information with anyone unless it is required by law or warranted in order to provide due care to you. In such circumstances, described in more detail in our Notice of Privacy Practices, the minimum information necessary will be used. You will receive a copy of IPA's Notice of Privacy Practices, which describes how we may use and disclose information about you for treatment, payment, health care operations, and other purposes that may be permitted or required by law. It also describes your rights to access and control your information. Please be sure to review this important document.

SIGNATURES: Please print and sign your name in the spaces below to indicate that you have reviewed these Guidelines for Clinical Services and that you understand and agree to all of the terms.

Client Name(s)

Client (or Parent/Guardian) Signature Date

Client (or Parent/Guardian) Signature Date

Please sign below to indicate that you have reviewed the Integrative Psychotherapy Associates, LLC, Notice of Privacy Practices, dated January 1, 2010.

Client (or Parent/Guardian) Signature Date

Client (or Parent/Guardian) Signature Date

Consent to be Added to the IPA Email List

Integrative Psychotherapy Associates frequently sponsors groups, lectures and workshops that may be of interest to our clients. We would like to keep you informed of these events. If you are interested in being added to our contact list, please check the box below to give your consent.

Your information will not be used for any other purpose, nor shared with any other organization or individual.

Yes

Name: _____

Email address: _____