Beautiful Mind Therapy, Inc
Phone: 708-695-4808 Fax: 888-965-7017
975 East Nerge Road, Suite W40, Roselle, IL 60172-4809

# Client-Therapist Service Agreement

Thank you for choosing my therapy practice! This document is intended to inform you of my qualifications as well as to ensure that you understand our professional relationship. It outlines billing information, state and federal laws, your rights, what to do in emergency situations, the goals of therapy, the risks and benefits of therapy, and my policies regarding our meetings and missed appointments. If you have other questions or concerns, please ask and I will do my best to give you all the information you need.

## Qualifications and Work Experience

I am a Licensed Clinical Professional Counselor (LCPC). I hold a Master's degree in Clinical Professional Psychology from Roosevelt University. I am trained and experienced in providing counseling to individuals, couples, families, and groups. I have worked at a variety of facilities, including several hospitals, mental health centers, and an emergency room. As part of an inpatient treatment team at Alexian Brothers Behavioral Health Hospital in the Eating Disorders and Self-Injury Unit, I acquired extensive training and experience involving the treatment of eating disorders.

I hold the following qualifications:

- I am licensed as an LCPC in Illinois. My license number is 180008968.
- I have a Master's Degree in Clinical Professional Psychology from the Roosevelt University in Schaumburg, Illinois.
- I completed an internship in counseling at the Kenneth Young Center in Elk Grove Village, Illinois.
- I completed a two-year supervision to meet my supervisory status as a counselor in Illinois.

## Professional Relationship

As mentioned above, I am a LCPC. I follow the standards of the American Counseling Association, including compliance with all state and federal laws. I specifically provide therapy; I cannot assist you in law, medicine, finance, or any other profession for which I am not licensed to provide professional advice. I do not accept clients into my practice that I do not think I can help.

It is my goal to protect your confidentiality. This means, for example, that if you meet me on the street or in a social setting, I will not approach you or greet you—it is solely your decision whether or not to recognize me. I will also ask that you not disclose the name or identity of any other client you might encounter in my office.

Therapy is a professional service I provide to you; however, therapeutic treatment is nothing like the treatment you would receive from a medical doctor. It requires courage, commitment, and hard work. I will frequently ask you to complete assignments to help you change your thoughts, feelings, and behaviors. I might ask you to read specific articles and books to better your understanding of the concepts we discuss in our sessions. My goal is to help you learn ways to find new solutions to problems and new possibilities for improving your quality of life. We will frequently review our mutual goals and the progress you have made.

Because of the nature of your therapy, I am unable to be your friend, employee, supervisor, business partner, or significant other. I cannot have any relationship with you other than as your counselor. Even after our professional relationship is completed, I cannot engage in any other relationship with you.

I do not accept friend or contact requests from current or former clients on my social networking sites. Adding your information on these sites can compromise your confidentiality and blur the boundaries of our therapeutic relationship. You may find my counseling practice on sites such as Yelp, Healthgrades, Yahoo, Bing, or other places which list businesses. If you find any listing on any of these sites, please know that my listing is not a request for a testimonial, rating, or endorsement from you as my therapy client. Of course, you have a right to express yourself on any site you wish. I cannot respond to any reviews on any of these sites, whether it is positive or negative, due to my obligation to respect the confidentiality of our therapeutic relationship. There is also a possibility that I may never see such posts. Please, if you wish to discuss your feelings and reactions to our work together, address it with me directly.

I do not discriminate against any client's race, gender, marital status, religious beliefs, ethnic origins, disability, health status, or sexual orientation.

## Contact Information

My office hours are Monday through Saturday, from 9 am to 9 pm. I do not take calls when I am with a client or am otherwise unavailable. The best way to reach me is always through my confidential phone number. Leave me a voicemail and I will return your call as soon as I can. Generally, I will respond to a message within 24 hours except on Sundays and holidays. If I am unavailable for an extended period of time, I will provide you with the name of a colleague to contact if necessary.

While voicemail or faxed messages are forms of secure communication, email is not—so please use it at your own risk.

You have the right to request that I call you or leave messages only at certain locations or phone numbers:

May I contact you at home (circle one)? Yes No If yes, phone number _____
May I contact you by cell phone (circle one)? Yes No If yes, phone number _____
May I contact you at work (circle one)? Yes No If yes, phone number _____
Where else may I contact you? _____ Where may I leave a voicemail? _____

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**Emergencies**
I do not provide emergency counseling services. If you are experiencing a genuine emergency and cannot reach me by phone, please either:
1. Call 911, or
2. Check yourself into a nearest emergency room, or
3. Call Crisis Intervention (1-800-248-7475).

If you feel that you are in any danger from a family member or someone else who is close to you, please contact law enforcement or the local domestic violence agency.

**Benefits and Risks; No Guarantees**
Therapy has both benefits and risks. It can result in improved self-esteem, more satisfying relationships, a more positive view of life, decreased anxiety and depression, improved eating habits, and enhanced ability to manage stress. I hope that therapy will be a fulfilling and positive experience for you. However, working on these goals may produce some discomfort as we will be discussing some unpleasant aspects of your life. I do not guarantee a particular outcome or result of my treatment. Progress may occur slowly. In order to be most successful, you will have to continue to work outside of our sessions on the things we discuss.

**Evaluation and Treatment Planning**
Because you will be putting a lot of time, money, and energy into therapy, you should choose your therapist carefully. A goal of your first two to four sessions will be to identify and evaluate your needs. During this time, you should decide whether I am the best person to provide the services you need. By the end of evaluation period I will be able to provide you with an initial evaluation of what our work together might include and an outline of a treatment plan to follow. You should make your own decision about whether you feel comfortable working with me.

**Appointments**
Your session time is reserved only for you. Most of my clients see me for a 50-minute session once a week for four to six months. However, some sessions may be more or less frequent as needed, depending on the individual's therapy goals. After the four- to six-month time period, we might choose to met less often for several more months.

I ask that you be on time for your appointments. If I am unable to start on time, it will most likely be due to an emergency, and I ask for your understanding. You will receive the full time agreed upon during our initial session. If you are late, we probably will be unable to meet for the full allotted time, because it is likely that I will have another appointment after yours.

If you wish to stop therapy you can do so at any time. I ask that you agree to meet for at least one additional session to review our goals, the work we have done, and our choices. If you feel that you would like to change therapists, I will be happy to provide you with names of other therapists.

**Cancellation Policy**
If you need to cancel or reschedule a session, I ask that you provide 24 hours notice by telephone. I am rarely able to fill a cancelled session unless I know at least 24 hours in advance. If you miss a session without canceling, or cancel with less than 24-hour notice, my policy is to collect the full amount of your fee. It is important to note that insurance companies will not provide reimbursement for missed sessions; therefore, you will be responsible for that portion of the fee. I require that payment for missed appointments and/or late cancellations be provided in full at the next scheduled appointment.

**Professional Fees**
The standard fee for the initial consultation is $180, with each subsequent session at $150. My fees are comparable to those of similar professionals. Please be prepared to pay for each session at the time of your appointment. If you are paying by check, please have the completed check ready before each session begins so that all our time can be used to focus on your primary concerns. For you to get the best value for your money, we must work hard and well.

Emergency phone calls or emails of less than 10 minutes are free. If we spend more than 10 minutes a week on the phone, if you leave more than 10 minutes worth of phone messages within a week, or if I spend more than 10 minutes a week reading and responding to your emails, you will be billed on a prorated basis for that time.

Occasionally, it may be better to go on with a session rather than stop or postpone work on a particular issue. Any sessions exceeding 10 minutes beyond our regular 50-minute session will be changed on a prorated basis.

In the case of prolonged non-payment (60 days past due), I reserve the right to implement legal means which could include the use of collections agencies or the court system. In this event, I respect client's confidentiality and will release only a client's name, the dates, nature of services provided, and the dollar amount.

In addition to weekly appointments, I charge my standard fee on a prorated basis for other professional services you may require. I will itemize the hourly cost if we work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than

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10 minutes, attendance at meetings or consultations that you have authorized, preparation of record or treatment summaries, and the time required to perform any other service you may request of me.

If my presence is requested at court, I charge $300 per hour, a minimum of three hours up front ($900) plus whatever additional time I spend at court proceedings. I charge $1500 for a Psychosocial Assessment used for immigration purposes. I do not provide evaluations for child custody or fitness for employment.

I have received a copy of my fee schedule (please initial here) _____

**Professional Records**

I am required by Illinois law to keep clinical records of treatment. It is my office policy to destroy clients' clinical records 7 years after the termination of our therapy. Until then, your clinical records will be maintained in a secure location in one of my offices. You have the right to request a copy of your clinical records at any time. This request must be made in writing. I recommend that you review the contents of your clinical records in the presence of your clinician so you can discuss anything of concern.

I understand that my therapist will NOT be providing me with any documentation and/or reports for DCFS/anger management/workers compensation claims/insurance or disability claims/divorce court/immigration court (please initial here) _____

**Billing and Payments**

Payment for services is an important part of any professional relationship. You are responsible for paying at the time of your session unless prior arrangements have been made. You may pay by check or cash. Checks should be made payable to Beautiful Mind Therapy, Inc. I charge a penalty of $25 per incident to cover the bank fee that I will incur if your personal check is returned for insufficient funds.

It is my policy to keep a credit card on file to be used for unpaid balances, including deductibles, co-payments, appointments missed without prior notification, and late cancellation charges.

You will be given at least 30 days' advance notice if my fees should change.

**Insurance Reimbursement**

Since I am a Licensed Clinical Professional Counselor (LCPC), most services provided by me may be eligible for reimbursement by your health insurance. Due to health insurance being offered by many different companies, I cannot tell you what your particular plan covers. You are responsible for knowing your coverage and for letting me know if/when your coverage changes. Please contact your insurance company to inquire about your outpatient mental health coverage. If I am not a participating provider for your insurance plan, I will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers, and coverage is often reduced. If you prefer to use a participating provider, I will refer you to a colleague.

**Privacy and Confidentiality**

I will keep confidential anything that you say to me in therapy sessions as required by IL law. However, there are some exceptions to confidentiality:

1. Your written authorization form to disclose information to a third party.
2. You are a danger to yourself or others. I may notify the potential victim, your family, police, and/or seek hospitalization.
3. Child (under the age of 18) or elderly (over the age of 60) abuse and/or neglect. I am required by law to file a report with the Department of Children and Family Services or Department of Aging.
4. I am ordered by court to disclose information. If you are involved in or contemplating litigation, you should consult with your attorney to determine if a court would be likely to order me to disclose information.
4. Disclosure is a necessary part of an investigation (complaint or lawsuit). I may disclose the relevant information regarding you in order to defend myself.
5. Your insurance company. Most insurance companies require you to authorize me to provide them with a clinical diagnosis. Some insurance companies will require me to provide additional clinical information such as treatment plans or summaries, or copies of the entire clinical record. This information will become part of your clinical file and it may affect your ability to enroll in life or health insurance plans in the future.

I might consult with a colleague or other professional about issues raised by clients in therapy. Signing this disclosure statement gives me permission to consult as needed to provide professional services to you as a client. While I may discuss the facts of your therapy with another clinician, I will not disclose your identify. The other professionals are also legally bound to keep the information confidential. I will note all consultations except supervision sessions in your clinical record.

I reserve the right to exercise my clinical judgment when releasing clinical records, even with your consent, to third parties - particularly in the case of legal or child custody proceedings. Due to the important and sensitive nature of what is typically disclosed in therapy sessions, it is agreed that if you should be involved in any legal proceedings, neither you or your attorney, nor anyone else acting on your behalf, will request me to testify in court or any other proceeding, nor will a disclosure of the therapy records be requested.

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**HIPAA**

You are protected by the Federal Health Insurance Portability and Accountability Act (HIPPA) which insures the confidentiality of all electronic transmission of information about you. Transmitting information about you electronically will be done with safeguards to insure your confidentiality.

E-mail is not completely confidential. All e-mails are retained in the logs of your or my internet service provider. They might be available to read by the system administrators of the internet service provider. Any e-mail exchanged between us will be printed out and kept in your Clinical Record.

**Couples Therapy**

If you and your partner decide to have some individual sessions as part of couples therapy, what you say in those individual sessions will be considered to be a part of couples therapy and might be discussed in our joint sessions. Do not disclose anything you wish to be kept secret from your partner.

If you and your spouse have a custody dispute/court hearing, I will need to know about it. You will not request my testimony for either side. However, the court may order me to testify. I will not provide evaluations or expert testimony in court. You should hire a different professional for any evaluations or testimony you require. By signing this contract, you agree to my position on this matter.

**Minors**

It is understood that children over the age of 12 have confidentiality protected by law.

I will not to provide treatment to a child under age 13 unless he/she agrees that I can share information I consider necessary with a parent.

For children between ages of 14 and 18, I request an agreement between the adolescent and the parents allowing me to share general information about treatment progress, dates of service, and treatment summary upon completion of therapy. As I mentioned above, there are limits to confidentiality such as being a danger to yourself or others. If you request your clinical records to be sent to a third party, all of the adults present must provide written consent before any information will be released.

**Complaints Procedures**

Problems can arise in our relationship, and if they do, please raise your concerns with me at once. If you are dissatisfied with my services or feel that your rights have been violated in any way, you may report your complaints to:

Professional Counselor Licensing and Disciplinary Board
320 W. Washington Street, 3rd Floor
Springfield, IL 62786
217/785-0800
217/524-6735 (TDD)
217/782-7645 (fax)
www.idfpr.com/dpr/who/prfcns.asp

**Referrals**

You have the right to know my professional status, licensure, training, and experience. I am not a crisis counselor and I provide office-based services. If I do not have training or expertise in a particular area or if your symptoms warrant a higher level of care, I will refer you to another provider who has the resources, training and expertise to provide you with the services you require. By signing this document you agree to accept my referral based upon my determination.

If you wish to receive services with another clinician, I will provide you with three referrals.

**Treatment agreements:**

I agree to enter in a professional relationship with Asta Klimaite, LCPC.

I realize that no particular outcome or result is guaranteed as a result of my treatment.

I have read and understand my Client-Therapist Service agreement including my rights, limits of confidentiality, payment, and other office policies.

I agree to pay $_____ for each 50 minute session.

I understand that I am responsible for paying the full fee for the missed appointment or late cancellation if I do not cancel within 24 hours.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during your professional relationship with Asta Klimaite, LCPC.

Patient Name: _____ Patient Signature: _____ Date: _____
(age 18 and older)

Patient Name: _____ Patient Signature: _____ Date: _____
(age 12 and older)

Parent/Guardian name:_____ Patient Signature: _____ Date: _____
(for client under age of 18)

Therapist Name: _____ Therapist Signature: _____ Date: _____