

Michelle Waters Art Therapy
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773-245-1048

OUTPATIENT SERVICES & POLICIES CONTRACT

Hello and welcome to Michelle Waters Art Therapy practice. My hope is that your experience in therapy is helpful, healing, and encouraging. Please take your time to read this contract and if you have any questions, please ask.

This services and policies contract has been written to represent the responsibilities of both your therapy provider as well as you (the patient/ guardian/financially responsible party) regarding your therapy experience. This document contains important information about professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. Your therapist will answer additional questions if needed. When you sign this document, you are stating that you understand and will adhere to the information in this outpatient services contract.

PSYCHOTHERAPY SERVICES

Michelle Waters Art Therapy provides psychotherapy services for adults, adolescents, children, families, and to geriatric populations.

The first appointment(s) serves as a consultation and intake. Your therapist will want to hear about what brings you to therapy, goals or hopes that you may have for therapy, and general information about yourself and your current life situation. By the end of this first appointment, your therapist will give you initial thoughts about what to expect moving forward.

If your therapist does not think that they will be able to assist you, they may provide you with referrals for other professionals or clinics in the area that may be a better fit. If you do not agree with the treatment recommendations provided to you or do not think that your therapist's personality style will be a good match for you, please let your therapist know and they will assist you with referrals. Know that it often takes time for a therapeutic relationship to develop, so we suggest giving it a few sessions if you are comfortable with giving your new relationship a chance to take form.

If you decide to work together, you can expect to collaborate on a treatment plan that incorporates effective strategies to help you resolve the challenges that have brought you to therapy. Individual and family therapy sessions last 53 minutes unless the time has been agreed upon to be otherwise by both parties, with the remaining 7 minutes for filing paperwork and billing (billed as a 60 minute session). If the meeting time is either shorter or longer than an hour, the price will be reflected in the appropriate portion relevant to the time utilized in therapy (i.e. double the cost for double the time or half the cost for half the time). Session frequencies reflect your needs both clinically and financially; this varies based upon what seems most appropriate for your particular situation.

If during your work together with your therapist, noncompliance with treatment recommendations becomes an issue, your therapist will make an effort to discuss this with you to determine the barriers to treatment compliance. At times, treatment noncompliance may necessitate termination of therapy services. We encourage you to discuss any concerns that you may have with your therapist about your work together directly so that they can address concerns in a timely manner.

Deciding when therapy is complete is meant to be a mutual decision, and you will discuss how to know when therapy is nearing completion with your therapist. Sometimes people begin to schedule less frequently in a stage called “maintenance” and gradually end therapy by phasing it out with the support of their therapist. Others feel ready to end therapy without a phasing out period of time. You are encouraged to communicate openly how you feel about your therapeutic progress at all times with your therapist.

Your therapist is likely to at times seek consultation with other therapists to ensure that they are helping you in the most effective manner possible. They will only share crucial clinical information that does not reveal your identity in order to protect and preserve your confidentiality.

FINANCIAL AGREEMENT

Insurance:

Michelle Waters Art Therapy is in network with Blue Cross Blue Shield PPO and offers direct claim submission. Benefits will be checked prior to your first appointment so you may be aware of any co-pays and/or deductibles. All other insurance is considered out of network. We may provide a Superbill (or receipt of services) to submit directly to your insurance for reimbursement, coverage is not guaranteed.

Fee Schedule:

60-minute Intake:	\$200.00
30-minute Session:	\$87.50
45-minute Session:	\$131.25
60-minute Session:	\$175.00
75-minute Session:	\$218.75

Please note, if your session exceeds the allotted amount of time that was initially agreed upon by you and your therapist, your therapist will round down to the nearest quarter hour to charge you for the time utilized in therapy. For example, 1 hour and 5 minutes will be charged as 1 hour, but 1 hour and 16 minutes will be charged as a 75 minute session. Remember, extending your time during a session is dependent upon three things: your desire and ability to do so, your therapist’s clinical decision that this is necessary, and your therapist’s availability/schedule. Your therapist may speak with you about details regarding issues with scheduling and time spent in therapy if concerns arise from either you or your therapist.

You (the patient or parent/guardian of patient, financially responsible party) understands that the fee for an initial one hour intake session is \$200.00 and the fee for ongoing sessions per hour is \$175.00. You understand that you are responsible for the full payment for services at each visit. In the event of a rate change, you will be notified in writing.

Professional Fees:

Professional Fees are at the same prorated rate listed above under “Fee Schedule” (\$175 per hour). When professional services are needed outside of the clinical session, the charges will be prorated in 15-minute increments for periods of less than one hour. Professional services include written correspondence, telephone conversations, attendance at meetings, IEP’s or with other professionals you have authorized, preparation of records or treatment summaries for release, and the time spent performing any other service you may request of your clinician related to your care.

Unpaid Balances:

An account that has not been paid for more than 60 days without payment arrangements being made will be eligible for collection proceedings. This may involve legal action, hiring a collection agency or going through small claims court. If legal action or collection assistance is necessary, its costs will be included in the claim. In most collection situations, the only information we release regarding a patient’s treatment is his or her name, the nature of services provided and the amount due.

Credit Card Policy:

All patients are required to keep an up to date credit/debit card on file in order to receive services. We are very careful to ensure privacy and safety with your card information. Payments are due on dates of service.

Michelle Waters Art Therapy utilizes Square via the Simple Practice platform. Your preferred credit/debit card or HSA/FSA card is saved securely on the Simple Practice portal for future payments. Co-pays, deductibles, insurance non-payment, out of network rates, and cancellations that occur outside of the set cancellation time are due on the date of service or date notified by your insurance of non-payment. The patient will be subject to the full charge of any outstanding balances on their account.

Please inform your clinician if you need to update your credit card information for any reason. You (patient/financially responsible party) will be contacted if your card is declined or expired, should you fail to update this information. If a new card is not provided and payment is not received, services may be suspended. We do not meet with patients for a follow up visit until previous sessions are paid in full.

Court Related Services:

We do not provide services for court related matters including but not limited to: court ordered therapy, evaluations for custody, parental responsibility, visitation or other forensic/legal matters. We do not provide recommendations to court officials or court appointed officials. If your clinician is contacted by an attorney regarding your treatment (either at your behest or related to a legal matter you are involved in) please note the following:

- You will be responsible for charges of \$400.00 per hour to prepare for and/or attend any legal proceeding and for all court related services.
- Charges for court related services are not covered by insurance.
- Court related services include but are not limited to: talking with attorneys, preparing documents, traveling to court, depositions and court appearances.
- You will also be charged for any costs your clinician may incur in responding to attorneys for your case, including but not limited to fees that your clinician is charged for legal consultation and representation by our attorneys.

PROFESSIONAL RECORDS

Both law and the standards of the mental health profession require that our practice keep appropriate treatment records. In most instances, if we receive a request for information, we will not disclose your information without your consent, although there are exceptions to this (see below). You are also entitled to see a copy of your records.

CONFIDENTIALITY

In general, the confidentiality of all communications between a patient and their therapist is protected by law and we can only release information to others with your written consent. There are however a number of exceptions to this rule, some of which are noted below. Your therapist is also a mandated reporter and may report potentially threatening scenarios (to you, a dependent, a minor, or an adult) to the police and/or child protection services within the state of Illinois.

-Emergencies: Sufficient information may be shared to address the immediate emergency you are facing.

-As Required By Law: This would include situations where we received a valid subpoena, court order, or are mandated by law, or suspect abuse or neglect like child abuse, elder abuse.

-Criminal Activities or Danger to Others: If a crime is committed on our premises or against our personnel we may share information with law enforcement to apprehend the criminal. We may involve law enforcement when we believe an immediate danger may occur to someone.

For example, in judicial proceedings, if a judge orders that your records be released, we may have to release your records. If a child, elderly person or disabled person may be suspected of being a victim of abuse or neglect, your therapist may be legally obligated to disclose information. In addition, your therapist may be ethically and legally required to take action to protect others from harm, even if taking this action requires them to reveal information about you. If your therapist believes that you are threatening serious harm to another person or a person's property, they may take protective action (through notifying the potential victim, the police, Child Protection Services, and/or facilitating hospitalization of you). If your therapist believes that you are a serious threat to yourself, the same protective actions may be taken in order to protect you (in arranging potential hospitalization, contacting family/significant others for notification, or contacting the police). Your therapist will make a reasonable effort to discuss any need to disclose confidential information about you, and will do his/her best to answer any questions that you may have about the exceptions to confidentiality.

This written summary of confidentiality issues illustrates some, but not all, exceptions to confidentiality. However, you are always welcome to consult with a separate legal counsel, as the laws governing confidentiality are quite complex and are subject to change.

APPOINTMENT POLICIES

Cancellation Fee Structure:

- First late cancellation (less than 24 hours' notice): \$30

- Second late cancellation: \$60
- Third and subsequent late cancellations: \$90 per occurrence

If three or more sessions are canceled consecutively, we will need to reevaluate your treatment plan and appointment time to ensure it continues to meet your needs.

No-Shows:

Missing a scheduled session without notice is considered a no-show and is subject to the cancellation fee.

- After three consecutive no-shows, your treatment may be terminated.

Communication:

I encourage open and timely communication. You may cancel or reschedule by:

- Phone call: (please leave a voicemail if I do not answer) 773-245-1048
- Text message: 773-245-1048
- Email: michelle@watersarttherapy.com
- Through the Simple Practice portal

Exceptions:

I understand that life can be unpredictable. Cancellation fees may be waived in cases of medical emergencies, family emergencies, or other unforeseen circumstances. Please communicate as soon as possible if such situations arise.

Arriving late to Appointments:

Please arrive on time for your appointments. If you are running late, contact by phone at 773-245-1048. Patients who arrive at least 15 minutes late, will be responsible for a late cancellation fee. Payment is required at the time of service. This fee is not reimbursable by insurance and will be charged to the credit/debit card on file.

ELECTRONIC NOTIFICATIONS

Appointment Reminders

Michelle Waters Art Therapy offers appointment reminders through Simple Practice email and phone text messaging. All clients are automatically enrolled in email reminders, which are sent 48 hours in advance of appointments. You may also choose to enroll in text reminders, which are sent 24 hours in advance. If at any point, you wish to discontinue reminders or change the method of delivery, please notify your clinician. You can also access the patient portal at any time to view any upcoming appointments.

Secure Messaging

Clinicians will not discuss counseling electronically. Patient agrees that they will not discuss clinical, therapeutic, and counseling issues via email, messaging or texts. Email, messaging, and texts are not to be used to communicate or discuss any therapeutic, personal, or emergency situations.

The Simple Practice patient portal has a secure messaging feature that allows you to safely and securely communicate with your clinician. This is a HIPAA compliant alternative to email. The icon is a small gray speech bubble located in the upper right-hand corner of the patient portal. Secure (encrypted in compliance with HIPAA) virtual appointments with your therapist are also available through the portal.

THERAPIST AVAILABILITY BETWEEN SESSIONS

Michelle Waters Art Therapy uses HIPAA compliant email and texting. If needed, you can leave a message for your therapist via the Simple Practice secure portal which we provide you at the start of therapy, via email at michelle@watersarttherapy.com, or via text or voicemail at 773-245-1048. These are available to you 24/7, however your therapist may not necessarily be available 24/7. When you leave a message, include your telephone number even if you think your therapist already has it (just in case), along with the best times to reach you.

If you are in an emergency situation and cannot wait for us to return your call, go to the nearest emergency room, or call 911. Do not contact by email in the event of an emergency, as we may not get the information quickly. We may be able to help in times of heightened stress, but if you are in a life-threatening emergency, don't waste time by calling us, go to your nearest emergency room or call 911 first to get immediate help.

If your therapist is unavailable for an extended period of time, such as on vacation, we will inform you of the contact information for the therapist on-call during their absence and will do our best to give you a heads up in advance, so that you know what to expect.

This authorization approves electronic transmission of the following:

- Confirmation of appointments
- Articles, forms, and questionnaires related to counseling
- Notification for patient information and/or billing information available in the patient portal
- Other items, as are agreed upon, during course of counseling

Items not to be transmitted electronically:

- Discussion of clinical issues
- Treatment and content of counseling sessions

SOCIAL MEDIA POLICY

This social media policy was constructed to inform you of the risks involved with associating on social networking sites. The American Counselor Association ethics codes states that clinicians not use their professional relationships with patients to further their own interests. As such, you will not be asked to “like” our professional pages or endorse clinicians on other business pages. Our website and professional pages are intended to share resources, let others know about the practice, and to make it easy for potential patients to learn more about available services. As in any other public context, you have control over your own description of the nature of our acquaintance, if you choose to disclose a professional relationship. This is entirely up to you.

As such, if you happen upon your clinician in public (outside of the privacy of the office), it is up to you to decide whether to acknowledge that you know/work with your clinician. Your clinician will not initiate contact outside of therapy in order to ensure your privacy, but may respond to you briefly if you initiate contact.

Friending & Messaging on Social Networking Sites

Due to the importance of confidentiality and to minimize dual relationships, clinicians do not accept friend or contact requests or messaging from current or former patients on any social networking site (e.g., Facebook, LinkedIn, etc.). Adding patients as friends or contacts can compromise your confidentiality and our respective privacy. It may also blur the boundaries of the therapeutic relationship. If you have questions regarding this, please bring them up with your clinician.

You are discouraged from using social networking sites for any communication about your therapeutic relationship, including scheduling issues, due to the lack of privacy protections in this setting. Further, messages sent to any social networking site may not be read in a timely fashion. Clinicians will not respond to you via social networking sites. If you wish to contact your clinician, please do so via the phone or using secure messaging via the patient portal, email, or the contact page located on our website.

Business Reviews

You may find Michelle Waters Art Therapy on sites such as Google, Google Maps, Psychology Today, Therapy Den, Yelp, or other places which list businesses. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find our listing on any of these sites, please know that the listing is NOT a request for a testimonial, rating, or endorsement from you as a patient. Of course, you have a right to express yourself on any site you wish; however, due to confidentiality, we cannot respond to any review on any of these sites whether it is positive or negative. You should be aware that if you are using these sites to communicate indirectly with clinicians about your feelings about your work together, there is a good possibility that the clinician may never see it. You are encouraged to bring your feelings and reactions to your work in therapy directly into the counseling process. This can be an important part of counseling, even if you decide you are not a good fit with a clinician.

Confidentiality means that we cannot tell people that you are a patient, and Ethics Codes prohibit requests for testimonials. You are welcome to tell anyone you wish about Michelle Waters Art Therapy regarding how you feel about your treatment in any forum of your choosing. If you choose to write something on a business review site, please keep in mind that you may be sharing personally revealing information about yourself in a public forum.

If you have questions or concerns about any of these policies and procedures or regarding potential interactions on the internet, please bring them to the attention of your clinician so that you can discuss them together.

MINORS

Patients under 12 years of age and their parents should be aware that the law allows parents to examine their child's treatment records. When children are at least 12 but under 18 years of age are seen alone, the content of these sessions is kept confidential, between therapist and child. Parents of children at least 12 but under 18 years of age cannot examine their child's records unless their child consents, or unless your

therapist finds that there is no compelling reason for denying parental access to those records. Parents of children at least 12 but under 18 years of age are entitled to information concerning their child's current physical and mental condition, diagnosis, treatment needs, services provided and services required. If the therapist believes that the child is at imminent risk of harming himself/herself or others, the therapist will notify the parents about this concern immediately and, if required, report the issue to police and, if necessary, engage in offering support for hospitalization. Before giving parents any information, however, the therapist will attempt to discuss the matter with the child first, ensure the child is safe, and prepare the child to discuss safety concerns with parents. Our policy is that both parents be notified that their child is in therapy and both parents consent to therapy for their child.

QUESTIONS

If during the course of therapy, you have any questions about the nature of your therapy or about your billing statement, please ask.

A FINAL WORD

The counseling relationship is a very personal and individualized partnership. I want to know what you find helpful and what, if anything, may be getting in the way of your progress. I want you to feel free to share what I can do to help.

Please ask before signing below if you have any questions about psychotherapy or my office policies. Your signature indicates that you have read this Services and Policies Contract and agree to enter therapy under these conditions. Your signature below indicates that you are making an informed choice to consent to therapy and understand and accept the terms of this agreement.