CONTRACT, OFFICE PROCEDURES, and FINANCIAL AGREEMENT
FOR PSYCHOTHERAPY SERVICES

Welcome to Sage Willow by Jessica Lynn Shell, LCPC, ATR-BC, RYT, CPYT. This document contains important information about Sage Willow, professional services and business policies. We are governed by various laws and regulations and by the code of ethics of our profession. The ethics code requires that we make you aware of specific office policies and how these procedures may affect you. This information is provided as part of the SageWillow.com website *Intake Forms Packet.* Upon request, paper copies may also be obtained. You are encouraged to take the time to read through this carefully before your first appointment, print out, sign and provide completed documentation to your therapist. Please jot down any questions you might have so that you and your therapist can discuss them at your initial meeting. When you sign this document and provide it to your therapist, it will represent an agreement between you and Sage Willow / Jessica Lynn Shell, LCPC, ATR-BC, RYT, CPYT (previously Jessica Lynn Harris).

……

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law.

When Disclosure Is Required By Law: Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a patient presents a danger to self, to others, to property, or is gravely disabled.

Initial here: _____

When Disclosure May Be Required: Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Sage Willow / Jessica Lynn Shell. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Sage Willow counselors will use their clinical judgment when revealing such information. Sage Willow / Jessica Lynn Shell will not release records to any outside party unless they are authorized to do so by all adult family members who were part of the treatment.

Initial here: _____

Health Insurance & Confidentiality of Records: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that is designed to protect the privacy of patient information, provide for the electronic and physical security of health and patient medical information, and simplify billing and other electronic transactions by standardizing codes and procedures. A piece of this law recently took effect and is known as the HIPAA Privacy Rule. The HIPAA Privacy Rule creates a minimum federal standard for the use and disclosure of Protected Health Information (PHI) by health care organizations. One of the requirements of the Privacy Rule is that we give to you a **Notice of Privacy Practices (NPP)** that describes your rights and protections regarding your health care records (PHI). The Notice explains your rights regarding your private healthcare information, including your right to:

- Inspect and copy your medical records;
- Request an amendment or addendum to your medical records;
- An accounting of disclosures of your private health information;
- Request restrictions to release your medical information; and
- Request restrictions of confidential communications with you.

Sage Willow reserves the right for consultation with other professionals whenever it is believed to be necessary. Sage Willow may also share client cases for professional training, group consultation and web site information without disclosing identifying information of the client.

By signing this contract, you are consenting to a release of information about your case to your health plan for claims, certification and case management for the purposes of treatment and payment.

I have reviewed and understand Sage Willow / Jessica Lynn Shell HIPAA policies- Notice of Privacy Practices and have been made aware of how my records may be used and disclosed.

Signature of Client/Responsible Party Print Name Date

TELEPHONE & EMERGENCY PROCEDURES:

- The ***best phone number*** for the office(s) is ***1-847-877-8494***. If you receive the voice mail, please leave a message for your personal counselor. Your counselor may be on the phone, in therapy with someone else, or out of the office. Your call will be returned as soon as possible. Messages are checked daily within business hours (but never during the night time). Messages are checked less frequently after business hours, on weekends and holidays.
- ***In a crisis,*** if your therapist cannot be reached, you agree to call the emergency National Suicide Hotline at 800-784-2433 or 911. ***If you are in imminent danger, call the police (911), or go immediately to your local emergency hospital.***
- If there is an emergency whereby a Sage Willow counselor becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, the counselor will do whatever he/she can within the limits of the law, to prevent you from injuring yourself or others; and to ensure that you receive the proper medical care. For this purpose, the counselor may also contact the person whose name you have provided as an **Emergency Contact** on the *Intake Form*.

INFORMED CONSENT FOR TELEPHONE, ELECTRONIC, AND MAIL CONTACT: Email and internet communications are not guaranteed to be confidential and documentation of emails will be included in the client's personal record. Therefore, the content of email communications will be maintained and possibly accessible to patients and/or their family members. Ordinary privacy precautions such as voice scramblers, pin codes, voice mail boxes, and locked fax, mail, and computer rooms are by no means foolproof, so that your confidentiality is always compromised when communicating by electronic devices or mail. Nor is deletion or shredding of private material a totally safe means of disposal, so that you are always at risk of breaches in confidentiality when electronic or mail communication of any type is used for private information. Your use of such means of communication with Sage Willow / Jessica Lynn Shell constitutes implied consent for reciprocal use of electronic and mail communication as well. By signing this contract, you agree to and understand the following:

1. Many people feel comfortable communicating via email, because they have installed programs designed to detect spy ware, viruses, or other dangerous software. However, there is no guarantee that such programs will work 100%.

2. Any communications via phone, email or web is subject to a session fee, which will be pro-rated based on time spent reviewing material, responding and documenting information. This charge will apply to any phone discussions that go beyond the 5-minute limit or email communications that are more than two sentences in length. However, no charge will result from communications solely based on scheduling or emergency situations, such as when the physical wellbeing of an individual is being threatened or harmed.

3. Sent and received emails are stored on both Sage Willow / Jessica Lynn Shell and your computer until deleted. Sage Willow / Jessica Lynn Shell may or may not delete such emails. Any saved emails will be kept in a password-protected account to which only Sage Willow / Jessica Lynn Shell has access.

4. By initialing below, I agree that I understand the disclosures listed above regarding communicating with Sage Willow / Jessica Lynn Shell using email. I also agree that if I send an email to a Sage Willow counselor and request a response via email, that I am willing to accept the above-stated risks. I also agree that I will not use email for emergencies.

Initial here: _____

Permission for *Sage Willow* / Jessica Lynn Shell to initiate emails to you: Initial below if you give your permission for Sage Willow / Jessica Lynn Shell to initiate sending emails to you.

Initial here: _____

Print your email clearly: _____

CONSENT TO TREATMENT AND CONFIDENTIALITY STATEMENT:

I, (print name of responsible party) _____ **consent for treatment to be rendered by a therapist of Sage Willow. I grant the therapist to perform those procedures and treatments, which may include professional consultation or emergency telephone responses, necessary for my condition that are generally used in this and similar settings. I understand that information or opinions will be given to others only with my written consent.**

Signature of Client/Responsible Party | Print Name | Date

Sage Willow
By Jessica Lynn

APPOINTMENTS: All office visits are by appointment and may be scheduled through the office manager or your counselor directly. Because consistency is an important part of the counseling process, the appointment time you schedule is reserved for you and is not available to anyone else. Please arrive on time, as you use up your own time when you arrive late for an appointment. The usual length of an appointment is 45-55 minutes. If you are unable to keep a scheduled appointment, you must notify Sage Willow / Jessica Lynn Shell **at least 24 hours in advance** to avoid having to pay for the canceled or missed appointment. If you miss or cancel your appointment, you will need to contact the office or your counselor for a new appointment time. Extenuating circumstances, such as weather and illness, will be evaluated at the discretion of the therapist.
Cancellation Policies: Since scheduling of an appointment involves the reservation of time specifically for you, **a minimum of 24 hours notice** is required for rescheduling or canceling an appointment. **You will be charged for the full amount of a scheduled fee without such notification of $130**. Most insurance companies do not reimburse for missed sessions.
Your compliance in keeping appointments and active participation in treatment is vital.

PAYMENT & INSURANCE REIMBURSEMENT:

- Clients paying on a ***cash basis***, and not billing any insurance company are expected to ***pay in full at time of service*** unless other arrangements have been made.
- Except in the case of minors or when other arrangements are made, the person receiving the counseling service is financially liable.
- **Insured clients are expected to take care of their fees as services are rendered.** Your health insurance may help you recover some of your counseling costs. Please verify with your company the amounts of coverage for outpatient psychotherapy. If your policy requires pre-authorization to receive services, this is your responsibility and needs to be handled before your first visit.
- Our office will bill your insurance company for services provided. This office cannot accept responsibility for collecting your insurance claims or for negotiating a settlement on a disputed claim. You are responsible for payment, deductible, and insurance claims on your account.
- ***Clients are personally responsible for all payment of fees, including those not paid by their insurance carrier within 30 days after the rendering of services.***
- The client portion (co-pay) of fees is expected at the time of service. ***Co-pays are not negotiable****. Failure to pay your part may jeopardize your benefits*.
- ***Additional fees*** are charged for longer sessions, telephone and email communications, review of material, court attendance and report/letter writing. Insurance does not cover this.
- There is a ***$30.00 service fee*** **for checks returned** for non-sufficient funds, and the client will be required to pay for future sessions in cash. Before any future visits occur, the client or responsible party must pay ***in cash*** the service charge ***PLUS*** the value of the check.
- At any time during treatment ***should the client become ineligible for insurance coverage****, the client and/or responsible party agrees to notify the counselor and* ***will be responsible for 100% of the bill.***

Collection Policy: Our office may retain a professional collection agency for pursuit of accounts that become delinquent. If it becomes necessary to transfer your account to our collection agency, your financial records will be released to them and your delinquent balance will be recorded with the three (3) major credit bureaus, i.e., Trans Union, Equifax, and Experian.

- Accounts become ***delinquent after thirty (30) days***. Delinquent accounts may be turned over for collection.
- A ***12% fee*** will be added for balances ***over 30 days*** old.
- If legal proceedings become necessary, the client hereby agrees to bear ***all financial responsibility*** for all attorney and court costs associated with collecting an unpaid debt. Please be aware that we take this action only as a last resort.

Consent To Treatment And Fee: By signing this contract, you agree that if you have not obtained any necessary authorizations from your insurance, or are not eligible at the time services are rendered, **you are responsible for payment** even if the determination is made after the services are rendered. Clients who carry insurance should remember that professional services are rendered and charged to the client and not to the insurance company.

I hereby agree to full responsibility for all expenses incurred by Sage Willow counseling sessions. I understand my insurance coverage is a relationship between my insurance company and me and I agree to accept financial responsibility for payment of charges incurred. If conjoint (couple or family), all adults need to sign this contract because of confidentiality and your rights... even though one person is the identified client (and paying).

Signature of Client/Responsible Party Print Name Date

THE PROCESS OF THERAPY/EVALUATION: By signing this agreement you are authorizing and requesting that Sage Willow / Jessica Lynn Shell carry out counseling treatment and/or diagnostic procedures that now or during the course of your care as a client are advisable. The duration of treatment is different for each person and can be difficult to estimate. Participation in therapy can result in a number of benefits, including improved interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. Jessica Lynn Shell will ask for your feedback and views on your therapy, its progress and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. Sage Willow / Jessica Lynn Shell may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes another family member views a decision that is positive for one family member quite negatively. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, Sage Willow / Jessica Lynn Shell is likely to draw on various psychological approaches according, in part, to the problem that is being treated and an assessment of what will best benefit you. These approaches include behavioral, cognitive-behavioral, expressive arts, play, movement, narrative, psychodynamic, existential, system/family, developmental (adult, child, family), and/or psycho-educational.

- ❖ I understand that if I am concerned about slow progress or lack of progress I have the right to speak about my concerns.
- ❖ I understand that our paths may cross in social situations, but that our therapeutic relationship comes first, along with protection of my confidentiality.
- ❖ I understand that there are some occasions when confidentiality can/must be breached. These are:
    - a) I sign a *Release of Information Form* or I verbally direct my counselor to tell someone else,
    - b) My counselor determines that his/her client poses a threat to self or others,
    - c) My counselor is ordered by a court to disclose information,
    - d) My counselor suspects child abuse has taken place and will notify Child Protective Services, or
    - e) Forensic consultation or treatment ordered by the courts.
- ❖ I understand that counseling can improve as well as upset the equilibrium in any person or family.
- ❖ I understand that Sage Willow counselors are not psychiatrists, and as such cannot recommend or prescribe medications but can encourage clients to see an M.D. for a medical evaluation.

Initial here: _____

Rights and Risks:

- ❖ Please feel free to ask questions about any aspect of the counseling process. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, the Sage Willow counselor's expertise in employing them, or about the treatment plan, please ask and you with be answered fully.
- ❖ If you have been referred by a court or state agency, you have the right to divulge only what you want to be included in a report.
- ❖ You need to be willing to discuss what troubles you and be open to change.
- ❖ You may remember unpleasant events, arouse intense emotions, and/or alter close relationships.
- ❖ You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that Sage Willow / Jessica Lynn Shell does not provide, the therapist has an ethical obligation to assist you in obtaining those treatments.

Initial here: _____

PROFESSIONAL RECORDS: The laws and standards of the profession require that Sage Willow / Jessica Lynn Shell keep treatment records. You are entitled to receive a copy of your records, or your therapist can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, we recommend that you review them in the presence of your counselor so that she/he can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

Initial here: _____

TERMINATION: Some clients need only a few counseling sessions to achieve their goals; others may require months or years of counseling. As a client (or the parent of a client), you are in complete control and may end the counseling relationship at any time. An orderly end of therapy has positive effects for clients. It is suggested that you discuss openly with your counselor your wish to end therapy at least three (3) sessions before your last session. A final closure session has proved to be very important for clients. Closure sessions help you acknowledge and summarize what you have accomplished and discuss any unfinished concerns you may have. While not required they are strongly recommended; you have the right to terminate therapy at any time. If you choose to do so, Sage Willow will offer to provide you with names of other qualified professionals whose services you might prefer.

If at any point during psychotherapy, a Sage Willow counselor assesses that she/he is not effective in helping you reach the therapeutic goals, they are obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, the counselor would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, the Sage Willow counselor will talk to the psychotherapist of your choice in order to help with the transition.

If at any time you want another professional's opinion or wish to consult with another therapist, Sage Willow will assist you in finding someone qualified, and with your written consent, will provide her or him with the essential information needed.

If you don't show-up for three consecutive scheduled appointments, your treatment will be considered canceled and terminated and you will be financially responsible for the fees of the missed sessions. A letter will be sent to you acknowledging the termination along with a closing bill for any unpaid balance.

Initial here: _____

Consent: In order to evaluate our services, may we have permission to contact you once you have completed your counseling with the understanding your response will be held confidential? ____Yes ____No

Initial here: _____

LIABILITY: I accept and assume all responsibility and agree not to hold Sage Willow, Jessica Lynn Shell or any other affiliated agency or individual responsible for any harm, injury or damages that may befall me, foreseen or unforeseen, as a result of my participation in therapy, groups, workshops and/or courses. I authorize Jessica Lynn Shell to seek medical assistance on my behalf in case of emergency. This waiver is in effect indefinitely for any Sage Willow therapy or programs I attend.

Initial here: _____

I have read the above Agreement and Office Policies and General Information carefully; I understand them and agree to comply with them:

I have discussed these policies with a Sage Willow staff person if desired and all questions are answered to my satisfaction. I have been offered a copy of these policies to take with me if I desire.

_____

Signature of Client/Legal Representative | Print Name | Date

_____

Additional Client Signature (Spouse, /Partner, Family Member) | Print Name | Date

Permission for Release of Artwork

Participant artwork completed within a therapy session by a Certified Art Therapist has significant value for teaching, research, and training purposes. There are times when I may wish to publicly display or reproduce art therapy work and related written material for presentation or preservation. For confidentiality purposes and out of respect for participant art therapy work, I would like parental/guardian and participant permission to use the art therapy work for multiple purposes.

The last name of the client will never be indicated when used in any manner.

I understand and permit the use of my / my child's art therapy work for posting of the art therapy work within the art therapy studio, exhibits held outside of the art therapy studio, Sage Willow web/online presentation, educational purposes, research, and publication.

I understand that Jessica Lynn Shell is not obligated to keep art therapy work and will periodically dispose of such work. In the event that accidental loss or damage of art therapy work occurs.

I understand that I am under no obligation to sign this Release. If I do not sign this Release, art therapy work shall not be used for any of the purposes set forth above.

This release is specific for art therapy work produced within an art therapy therapeutic environment conducted by a certified art therapist and specifically excludes artwork produced within any other environment.

By signing this Release, I hereby release Sage Willow / Jessica Lynn Shell, LCPC, ATR-BC, RYT, CPYT *from all claims or liabilities relating to the use of art therapy work for the above-mentioned purposes.*

Signature of Client	Print Name	Age	Date

Signature of Parent/Guardian/Legal Representative	Print Name	Date

Sage Willow
By Jessica Lynn

INTAKE FORM

Please print legibly.

Counseling Request

What **type of counseling** are you pursuing? ___ Adult Individual ___Child Individual ___ Adolescent Individual
___Couples ___ Family
___Group or Classes Please specify: _____

When are you **available** for counseling sessions? We will try to accommodate your schedule as much as possible.
___Morning ___Afternoon ___Evening ___Saturday ___Certain days: _____

Client Information

Client's Name _____ Today's Date _____
(Last) (First) (Middle Initial)

Gender: M F Age ____ Birth date _____ Birth Place (City &State) _____

Address _____

City, State, Zip _____

Home Phone _____ May we leave a message at home? Yes No

Work Phone _____ May we leave you a message at work? Yes No

Cell Phone _____ May we leave a message on the cell? Yes No

E-mail _____ May we email you and put you on our mailing list? Yes No

Primary Language _____ **Ethnicity** _____

Check all that apply: ☐ Client was adopted ☐ Client lived at any time in foster care

* Responsible Party if client is underage minor

Legal Guardian(s) / Parent(s) _____

Address (☐ check if same as client address) _____

City, State & Zip _____

Birth date(s) _____

Home Phone _____ Work Phone _____ Cell Phone _____

May we call you or leave a message for you at: Home [ ] Work [ ] Your Cell [ ]

Important persons to contact in case of emergency (Please provide name and telephone number):

[ ] Parent: [ ] Spouse: [ ] Other:

# # #

Client Employment

Is the client a student? Yes_____ No _____ Name of School/College _____

___Part-Time Student ___Full-Time Student Highest grade/education/degree completed _____

Employment Position _____ Employer _____

Employer Address, City, State, Zip Code _____

Phone # (_____) _____ Check One: ___Employed Full-Time ___Employed Part-Time ___Unemployed

How long have you worked for your current employer? _____ What is your gross income? _____

(For sliding scale clients- we may need your income to set your fee)

Sage Willow
By Jessica Lynn

Client Family (completed by client if over 18 years old)

Marital Status: ___Never Married ___Married ___Separated ___ Divorced
___Widowed ___Common Law ___Engaged ___ Partners

Spouse/Partner's Name (if applicable) _____
(Last) (First) (Middle Initial)

Gender: M F Age: _____ Birth date: _____ Length of Relationship: _____

Work #_____ Home #_____ Cell #_____

If separated: Address, City, State & Zip _____

Occupation of Spouse _____ Employer _____

Employer Phone # (_____) _____ Check One: ___Employed Full-Time ___Employed Part-Time ___Unemployed

Employer Address _____ City, State, Zip: _____

How long working for the current employer? _____ What is their gross income? _____
(For sliding scale clients- we may need your income to set your fee)

Children and/or dependents currently at home & ages _____

_____

Referred By? How Did You Hear About Us? (Check all that apply)

___I am a former client returning. How long ago? ____
___Family or Friend
___A client
___Brochure/Flyers
___Internet
___Directory
___Employee Assistance Program
___Employer/Supervisor
___Colleague
___Union Representative
___School _____
___Insurance Company/Managed Care
___Physician _____
___Court/Legal
___Probation _____
___Another Therapist _____
___Minister/Priest/Rabbi _____
___Word of mouth
___Other _____

Client Health History (completed by client if able)

Are you currently under the care of a physician or psychiatrist? Yes □ No □

Name_____Phone _____

Please list any **medications** taken including dosage and frequency _____

Date of LAST complete physical exam _____ Any significant results_____

Physical Disability: Yes □ No □ Chronic Illness: Yes □ No □ If yes to either, please explain

_____

Have you been in counseling/therapy before? Yes □ No □ If yes, when: _____

Reason? _____ Did it help? Yes □ Some □ No □

Have you ever or are you currently contemplating ending your life? Yes □ No □
Has anyone in your immediate family attempted or committed suicide? Yes □ No □

Sage Willow
By Jessica Lynn

Current Information (to be completed by client if able)

Are you currently under the care of a physician or psychiatrist? Yes □ No □

Please circle any of the following that are currently troubling you: For all those you have circled, please indicate on a scale from 1 to 10 (10 being the most significant) how severe you feel this issue is in your life at the present time.

Abuse	Grades	Self-Esteem
Alcohol/Drug use	Grief	Sexual Harassment
Anger/Rage	Guilt	Sexuality
Anxiety/Panic	Helplessness	Shyness
Appearance/Weight	Homesickness	Sleep
Assertiveness	Hopelessness	Social Anxiety
Attention/Focus	Loneliness	Staying in School
Career	Making Friends	Stress
Dating	Meeting People	Study Habits
Depression	Motivation	Suicidal Thoughts
Eating Problems	Pathology	Test Anxiety
Expressing Feelings	Perfection	Time Management
Family	Procrastination	Trust
Fear	Relationship	Unhappiness
Friends	Sadness	Worry
OTHER:	OTHER:	OTHER:

Please describe your **reason for seeking counseling** at this time, **current goals** and **how you will know** if therapy is working.

PLEASE SIGN BELOW TO INDICATE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT:

_____ _____

Signature of Client Date

_____ _____

Signature of Parent/Legal Guardian/Foster Parent/Conservator/Other Date
(Required if participant is a minor, under age 18)

Sage Willow
By Jessica Lynn

INSURANCE INFORMATION
Please Fill Out ONLY if Using Insurance for Services (BCBS PPO and UBH accepted)

Primary Insurance company name _____

Insured is (in relation to client) Self ___ Spouse/Partner ___ Child ___ Other _____

Insured's Name (if other than client) _____

Date of Birth _____/ _____/_____ Is it a PPO □ HMO □

Insurance Identification #_____

Group Identification # _____

Billing Address _____

Phone Number (_____)_____ Effective Date: _____/ _____/_____

Have you met your deductible? Yes □ No □ How much is your deductible? _____

Copayment for mental health services (expected at time of service) _____ How much coverage do you have in a year?_____

Secondary Insurance company name (if applicable)_____ _____
Insured is: Self / Client ___ Spouse/Partner ___ Child _____ Other _____
Insured's Name _____
Membership/Benefit Policy Number _____ Group # _____
Billing Address _____
Phone Number (_____)_____ Is it a PPO □ HMO □
Plan # _____ Effective Date: _____/ _____/_____
Have you met your deductible? Yes □ No □ Total _____ How much coverage do you have in a year?
_____

PLEASE PROVIDE A COPY OF YOUR INSURANCE CARD TO OFFICE STAFF. THANK YOU!

Although **you are ultimately responsible for your fee**, health insurance may pay a portion of the charge. At your request, the Center's office staff will contact your insurance company to file your claims. At any time during treatment should the client become ineligible for insurance coverage, the client and/or responsible party agrees to notify the counselor and will be responsible for the total session fee.

If your annual deductible has been met, it may be possible for you to pay only your portion of the fee and for the insurance company to pay the balance to the Center. If the deductible has not been met, you will be responsible for paying the full fee until the deductible has been satisfied, or you may agree to a plan with the office manager for paying the deductible and co-payment amounts. **Co-payments are due at the time of your session.**

I understand my financial responsibility and give permission for this provider or designee to communicate all necessary information with my insurance company with the purpose of filing and processing claims for services rendered. I understand that no confidential information will be released without my consent.

_____
Signature of Client/Legal Representative Print Name Date

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.
Effective June 1st, 2014

We only release information about you in accordance with state and federal laws and the ethics of the counseling profession.

This notice describes our policies related to the use of the records of your care at Sage Willow. We are required to give you this Notice about (1) the use and disclosure of your health information, (2) our legal responsibilities, (3) your rights concerning your health information and to abide by the terms of this notice.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional information, contact Sage Willow / Jessica Lynn Shell, LCPC, ATR-BC, RYT, CPYT: www.SageWillow.com; Jessica@SageWillow.com, 847-877-8494.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

We use and disclose the minimum necessary health information about you for your treatment, for collecting payment, and for Sage Willow / Jessica Lynn Shell mental health care operations. State and federal laws allow us to use and disclose your health information for these purposes.

a. For Treatment. We use and disclose your health information to provide, manage or coordinate care. Health information will be exchanged internally in the course of your treatment at Sage Willow. For example, we may give information to another Sage Willow health care professional for the purpose of referral within Sage Willow and affiliated organizations. If we wish to provide information outside of Sage Willow / Jessica Lynn Shell for your treatment by another health care provider, we will have you sign an *Authorization for Release of Information*.

Sage Willow may also disclose health information for consultation, professional training and referral purposes. Your written authorization may be requested for the utilization of verbal, written, photographed and/or visual art content for the purpose of Sage Willow training, marketing and service descriptors via web and/or written material. The identifying information of the client will never be provided without written client consent. For instance, Sage Willow may present client work to demonstrate sample images of what they can expect to learn and/or create during their Sage Willow experience.

b. For Payment. We may use and disclose your health information to verify insurance and coverage, process claims and obtain payment for services we provide to you as delineated in the "Contract, Office Procedure, and Financial Agreement" form. For example, we may need to give insurance companies or other agencies the minimum necessary information in order for them to pay us for the service we have provided to you.

c. For Health Care Operations. We may use and disclose your health information within Sage Willow as part of our internal health care operations. For example, this could mean a review of records to assure quality. In addition, health information may be provided for review of treatment procedures, review of business activities, staff training and licensing activities. We may provide information to the student intern who is your therapist and is authorized to receive training at Sage Willow and to staff who supervise him or her. We may also use your information to tell share about treatment alternatives, services, educational activities, and programs that we feel might be of interest to you.

d. Other Uses and Disclosures Without Your Consent. In emergency situations, such as when criminal damage or medical issues arise, health information may be provided to family and/or necessary authorities to alleviate the potential for harm. Disclosure of health information may be mandated by law, such as when there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a patient presents a danger to self, to others, to property, or is gravely disabled. Disclosure may be required pursuant to a legal proceeding. We can share health information about you in response to a court or administrative order, or in response to a subpoena. If at any point during or after treatment you, or an attorney or judge, ask our staff to become involved in legal proceedings (e.g. phone calls with attorneys, letter/report writing for attorneys or the court, testimony) we require that you provide us with a $600.00 retainer before we will become involved in this matter. The cost for these services is billed at a rate between $150.00/hr. to $400.00/hr. You may also be required to sign a separate contract, which more specifically addresses legal issues.

e. Minors & Parents. Patients under 12 years of age and their parents should be aware that the law allows parents to examine their child's treatment records. Parents of children between 12 and 18 cannot examine their child's records unless the child consents or unless we find that there are no compelling reasons for denying the access. Parents are always entitled to information concerning their child's current physical and mental conditions, diagnosis, treatment needs, services provided and services needed. Since parental involvement is often crucial to successful treatment, in most cases, we request that all patients under the age of 18 and their parents enter into a verbal agreement that allows parents access to certain additional treatment information. If everyone agrees, during treatment, we will provide parents with a summary of treatment when it is complete. Any other communication will require the child's Authorization, unless we feel that the child is in danger or is a danger to someone else, in which case, the parents will be notified of our concern. Whenever possible, before giving parents any information, the matter will be discussed with the child.

CLIENT RIGHTS

a. Right to request where we contact you. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. All reasonable requests will be accommodated.

b. Right to release your medical records. Written authorization will be obtained from you to release records to others. For example, you may want your physician or psychiatrist to collaboratively discuss matters with your counselor pertaining to your progress and treatment. You also have the right to revoke a release in writing. Revocation is not valid to the extent that we have acted in reliance on such previous authorization.

c. Right to inspect and copy your medical billing records. You have the right to ask to see or get an electronic or paper copy of your medical record and other health information we have about you. This request must be provided in writing. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. In most circumstances, a charge of $60 per set of records copied will apply. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in your counselor's presence so you can discuss the contents.

d. Right to add information or amend your medical records. You may request to amend your health information if you think it is incorrect or incomplete. This request for amending the record must be provided in writing. Your request will be reviewed within 60 days. We may deny this request. If your request is denied, you have the right to file a disagreement statement.

e. Right to Accounting of disclosures. You have the right to obtain a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. All disclosures are pursuant to a signed release. We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

f. Right to request restrictions on uses and disclosures of your healthcare information. You have the right to request a limit to what we use or share, which must be requested in writing. You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

g. Right to complain. Please feel free to ask questions about any aspect of the counseling process. You also have the right to ask about other treatments for your condition and their risks and benefits. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, the Sage Willow counselor's expertise in employing them, or about the treatment plan, please ask and you with be answered fully. We recommend contacting Sage Willow first to address any complaints, disagree with a decision we made about access to your records or if you are concerned that we have violated your rights. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1- 877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Changes to the Terms of this Notice

We reserve the right to change the terms of the privacy policy and practices described in this notice, and the changes will apply to all health information we maintain. You will be notified of these changes and the revised notice will be available upon request and on our web site.