

Ardent Counseling Center

1205 West Sherwin, #311

Chicago, Illinois 60626

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Welcome and thank you for choosing us to help you on your healing journey.

Your work is just beginning. Filling out the enclosed forms before coming to your first appointment allows your therapist to use ***your*** time wisely. Bring all the forms with you.

Billing Insurance Registration: We need this information from you for billing and audits. Please bring your insurance card in with you so we can make a copy for our records.

Therapy Service Agreement: Two copies. One is yours to keep. Please read through this carefully. If you have any questions, you can wait to sign until after you can ask questions of your therapist and understand the fees.

Authorization for Release of Information: Read and sign if you want your Primary Care Provider (PCP) to be involved in your therapy, and check the lower box and sign below if you don't want information shared.

Privacy Practices (HIPPA): Please read and retain for your records.

Be on time for your appointment. This is ***your*** time.

PATIENT COUNSELING AND THERAPY SERVICE AGREEMENT

Ardent Counseling Center

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(888) 870-1775

Please read and sign two copies of this agreement. Keep one copy for your records.

Ardent Counseling Center is a business facility where a number of mental health professionals practice. Some therapists are independent practitioners and others are employees working under the supervision of an independent practitioner. Your contract for services is with Ardent Counseling Center and all therapists who practice at Ardent Counseling Center. Your therapy will be handled by your therapist, although your treatment may be discussed with other therapists at Ardent Counseling Center. If for any reason you wish to change to a different therapist practicing at Ardent Counseling Center, please contact Ardent Counseling Center with this request.

Rights and Risks: Please feel free to ask questions about any aspect of the counseling process. · 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. · As a result of counseling, you may remember unpleasant events, arouse intense emotions, and/or alter close relationships.

Confidentiality: Confidential Information shared will be held in confidence in compliance with applicable state and federal law. "Confidential Information" includes any recordings or transcripts of therapy sessions, therapist notes, medical reports or therapy progress reports. · Information will not be released without your written consent, except for professional consultation if needed or if disclosure is required by law. · Your therapist is required by law to disclose information pertaining to suspected child abuse; inability to care for one's basic needs for food, clothing or shelter; and threatened harm to oneself or others. · Should your therapy be involved or be the subject of court proceedings or litigation, your counseling records may be subject to subpoena. · It is understood that information regarding treatment and diagnosis may be provided to an insurance company. · You may want to discuss further limits or exceptions of confidentiality. · Information regarding you counseling and therapy will be used internally by Ardent Counseling Center for the purposes of coordination and supervision, and will not be released to any third party without your express written release.

Client Agrees to: Allow the therapist to be assisted by a co-therapist if either or both deems it appropriate.

Note on Privacy: I understand that the counseling sessions in which I participate with a co-therapist is for the purpose of improving my care. I understand that confidential information will be shared between my therapists and any co-therapists involved and I hereby authorize such disclosure.

Appointments: All office visits are by appointment with your therapist directly. 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 50 minutes. · Late cancellation (less than 24 hours before) and/or no-show appointments are billed to the client for the full amount. In the case of illness, please notify us no later than 9:00 a.m. the day of the appointment. Please leave a message if you get the voice mail. If your appointment is canceled or missed, contact your therapist for a new appointment time. Insurance companies will not pay for no-show charges or late cancellation charges or for telephone consultations.

Fees:

The client portion (co-pay or full amount) of fees is expected at the time of service. · Your health insurance may help you recover some of your counseling costs. Please verify with your company the amounts of coverage for outpatient psychotherapy by licensed professionals. If your policy requires pre-authorization to receive services, this is your responsibility and needs to be handled prior to your first visit.

Uninsured clients are expected to pay their fees as services are rendered. If required, Ardent will fill out and submit forms to your insurance company. Otherwise Ardent will provide you with whatever forms and assistance available to help you receive the benefits to which you are entitled. This office will not accept responsibility for collecting your insurance claims or for negotiating a settlement on a disputed claim. **Clients are responsible for payment (and insurance claims) on their accounts.**

Failure to pay your part may jeopardize your benefits. Copays are not negotiable. Clients paying on a cash basis and not billing any insurance company are expected to pay in full at time of service unless a payment plan has been previously arranged. Except in the case of minors or when other arrangements are made, the person receiving the counseling service is financially liable. Accounts become delinquent after thirty (30) days. Delinquent accounts may be turned over for collection.

If for any reason your insurance company does not make a complete payment to Ardent Counseling Center within 60 days of my office visit, I understand that I will be sent a bill explaining my amount due. If I do not submit payment to The Ardent Counseling Center within the Following 30 days, **I hereby authorize you to debit my credit card (on-file) for the total amount due.**

In the event that the Insurance Company denies payment or applies the visit charge to my deductible, I understand that I am responsible for the amount billed by The Ardent Counseling Center. If you do not respond to the bill provided within 30 days, **I hereby authorize you to debit my credit card for the total amount due.**

I understand that should my credit card on file not be approved I am still fully responsible and understand that my account may be turned over for collection and I will be responsible for all costs of collection monies owed, including court costs, collection and attorney fees. I further understand that if I fail to make any of the payments for which I am responsible in a timely manner, I will be charged a 1.5% service charge monthly on the remaining balance.

Returned Checks: If I write a check that I have written to The Ardent Counseling Center is returned, I hereby authorize you to debit my credit card for the total amount due plus and administrative for of \$25.00. Thereafter, the entire account balance will be paid in cash or a money order.

Phone calls over five (5) minutes will be billed in 15 minute increments, at \$30 per 15 minutes. This will not be processed by insurance and will be owed from the client to Ardent Counseling Center.

I will discuss any change in my financial situation with my therapist. I have read, understand and agree to the above policies. I have discussed these policies with my therapist 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 desired. I hereby authorize Ardent Counseling Center and my therapist to release to my insurance company any information acquired in the course of my therapy (if client is a minor, by signing this agreement I certify that I am the parent or guardian of the minor child and authorize this release). I understand my insurance coverage is a relationship between me and my insurance company and I agree to accept financial responsibility for payment of charges incurred. I understand that in the event of non-payment, I will bear the cost of collection and/or court costs and reasonable legal fees should this be required.

Consent to Treatment and Fee: I hereby agree to full responsibility for all expenses incurred by or on account of this client and hereby assign Ardent Counseling Center and all Insurance benefits due to me to the full extent of my financial obligation to Ardent Counseling Center. I have read and/or received a copy of Ardent Counseling Center Privacy Policy. If conjoint (couple or family) all adults need to sign this contract because of confidentiality and our rights, even though one person is the identified patient.

	45 to 50-minutes	75-minutes
Initial Intake Interview/Assessment	\$200	\$200
Counseling Sessions	\$126	\$186
Cancelled w/in 24-hours or missed \$75.00	\$75	\$75

I acknowledge that I received, read and understand The Ardent Counseling and Therapy Service Agreement. By Signing below I agree to the terms of the agreement:

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

In the event that I cancel an appointment within 24-hours or fail to attend a scheduled appointment, I hereby authorize Ardent Counseling Center to charge to my credit card the amount of the cancellation or missed appointment fee, in the amount of \$126 for a scheduled 50-minute session, or \$186 for a scheduled 75-minute session. I authorize my credit card to be charged for patient balances pursuant to the above signed agreement.

Card: _____ Credit Card # _____ Exp. Date: _____
 VISA MC AMEX DISC - - /____/____

CW2

Name on Card and Billing Address :

Client Signature

Date

Ardent Counseling Center
HIPPA EXPLAINED

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your written authorization. To help clarify these terms, here are some definitions:

"PHI" refers to information in your health record that could identify you.

"Treatment, Payment, and Health Care Operations"

- Treatment is when we provide, coordinate, or manage your health care and other services related to your health care. Treatment includes consultation with another health care provider, such as your family physician or another therapist or psychiatrist.

- Payment is when we obtain reimbursement for health care services rendered. Payment includes disclosure of your PHI to your health insurer to obtain reimbursement for services or to determine eligibility or coverage.

- Health Care Operations are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

"Use" applies only to activities within our practice group such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

"Disclosure" applies to activities outside of our practice group such as releasing, transferring, or providing access to information about you to other parties.

"Authorization" is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally-required form.

II. Other Uses and Disclosures Requiring Authorization:

We may use or disclose PHI for purposes outside of treatment, payment, or health care operations with your authorization. In those instances when we are asked for information for purposes outside of treatment, payment, or health care operations, we will obtain an authorization from you before releasing this information. We also need to obtain an authorization before releasing your Psychotherapy Notes. "Psychotherapy Notes" are notes that some providers choose to make about conversations during a private, group, joint, or family counseling session, which are kept separate from the rest of your record. These notes include recordings and transcripts of any therapy sessions. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have taken some action in reliance on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, as applicable state and federal law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures without Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse – If we have reasonable cause to believe a child known to us in our professional capacity may be an abused child or a neglected child, we must report this belief to the appropriate authorities.

Adult and Domestic Abuse – If we have reason to believe that an individual protected by state law has been abused, neglected, or financially exploited, we must report this belief to the appropriate authorities.

Health Oversight Activities – we may disclose protected health information regarding you to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.

Worker's Compensation – we may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information by any party about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law, and we must not release such information without a court order. We can release the information directly to you on your request. Information about all other psychological services is also privileged and cannot be released without your authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is pursuant to court order. You will be informed in advance if this is the case.

Serious Threat to Health or Safety – If you communicate to us a specific threat of imminent harm against another individual or if we believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, we may make disclosures that we believe are necessary to protect that individual from harm. If we believe that you present an imminent, serious risk of physical or mental injury or death to yourself, we may make disclosures we consider necessary to protect you from harm.

IV. Client's Rights and Behavioral Health Provider's Duties

Client's Rights:

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing us. On your request, we will send your bills to another address.)

Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records for as long as the PHI is maintained in the record and Psychotherapy Notes. On your request, we will discuss with you the details of the access process.

Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. Upon request, we will discuss with you the amendment process.

Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI. On your request, we will discuss with you the details of the accounting process.

Right to a Paper Copy – You have the right to obtain a paper copy of this notice from us upon request.

Behavior Health Provider's Duties:

We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.

We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

If we revise our policies and procedures, we will notify you in person or by mail.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision that your therapist makes about access to your records, or have concerns about your privacy rights, you may contact your therapist or Ardent staff. If you believe that your privacy rights have been violated and wish to file a complaint against Ardent, you may send your written complaint to the Secretary of the U.S. Department of Health and Human Services. Ardent can provide you with the appropriate address upon request. You have specific rights regarding the privacy and use of your PHI under federal law. Ardent will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions, and Changes to Privacy Policy.

This notice will go into effect on July 1, 2010. Ardent Counseling Center reserves the right to change the terms of this notice and to make the new, notice provisions effective for all PHI that Ardent Counseling Center maintains. Ardent Counseling Center will provide you with a revised notice in person or by mail.