



Body

Growing Together in Mind and



CLIENT REGISTRATION/AGREEMENT FORM

CLIENT INFORMATION

Client Name: _____

Preferred Name: _____

Date of Birth: _____ Male ☐ Female ☐

Preferred Pronouns: _____

Street Address: _____

City: _____ State: _____

Mobile Phone: _____

Home Phone: _____

Email Address: _____

If the client is a minor:

Client lives with: _____

Relationship to client: _____

Mother's Name: _____

Father's Name: _____

If applicable, client is in legal custody of: _____

RESPONSIBLE PARTY/GUARANTOR

The responsible party/guarantor is the person responsible for paying the bill. This may or may not be the person who hold the health insurance policy. Clients under the age of 18 may not be guarantors for the medical bills. In the case of separated or divorced parents, the parent/legal guardian who brings the minor in for treatment is the guarantor for any charges incurred. The only way that this situation may be changed is if the practice is given copies of a court order that states another party is responsible for medical bills.

Responsible Party/Guarantor: _____ Relationship to Client: _____

Street Address: _____

City: _____ State: _____

Mobile Phone: _____

Home Phone: _____



The Therapy Tree, LLC | 89 Cedar Ave. P.O. Box 764 Lake Villa, IL 60046

ph (847) 265-7300 fax (847) 265-7301

"Growing Together in Mind and Body"

www.thetherapytree.org

HEALTH INSURANCE/CLIENT PAYMENT

We are committed to providing you with the best possible care. If your insurance has coverage for mental health, occupational therapy, physical therapy, and/or speech therapy, we anticipate helping you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our payment policy. We will gladly discuss your proposed treatment and answer any questions relating to your insurance. **You must realize, however; that:**

1. Your insurance is a contract between you and your insurance company. We are not a party to that contract.
2. Not all services are covered in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
3. The Therapy Tree, LLC is NOT responsible for keeping up with your insurance company's deductible, co-insurance, co-pays, and/or the number of visits authorized by your insurance.

We must emphasize that as providers, our relationship is with you, not your insurance company. You **MUST** call to verify coverage, obtain pre-authorization if required, and verify your co-pay, or deductible and co-insurance amount before the first visit. The Therapy Tree may verify benefits as a courtesy, however, this is not a guarantee of coverage. Additionally, filing of insurance claims is a courtesy that we extend to our clients, all charges are your responsibility from the date the services are rendered are to be paid in full within 90 days.

Most insurance contracts require that we provide them with information relevant to the services we provide to you. We are required to provide a clinical diagnosis. Sometimes we are required provide additional clinical information. We will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company file. Though insurance companies claim to keep such information confidential, we have no control over what they will do with it. Please check with your insurance if you have questions about their privacy practices. If requested, we will provide you with a copy of any report we submit.

PROFESSIONAL SERVICES AND FEES

During the initial consultation, the client and therapist together will agree to the frequency of future visits, which is usually 30-60 minutes. Longer or short visits may be scheduled at times. Services will be billed to insurance as follows.

Counseling – The initial consultation/diagnostic interview is billed at \$200. Individual therapy sessions are billed at \$140-\$200 depending on the length of the session. Couples and Family sessions are billed at \$155 per session. An additional charge of \$30/session may be billed depending on complexity.

OT/PT – The initial consultation, assessment and evaluation is billed at \$360. Therapy sessions are billed at \$90-\$180 depending on the length of the session.



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Speech – The initial consultation, assessment and evaluation is billed at \$360. Therapy sessions are billed at \$100-\$200 depending on the length of the session.

Feeding – The initial consultation, assessment and evaluation is billed at \$360. Therapy sessions are billed at \$110-\$220 depending on the length of the session.

Other Fees:

1. Appointments cancelled less than 24 hours of appointment and missed appointments will be charged a \$50 cancellation fee.
2. The fee for a returned check is \$30.00.
3. Should any court appearance or deposition become required by law, the client will be billed directly at a rate of \$200 per hour and will include preparation, providing documents requested and travel times. You may be asked to pay for time reserved in advance or pay a retainer before the court appearance or deposition.
4. Additional services as follows are not billable to insurance will be billed directly to the client:
 - a. School IEP meeting attendance including preparation and travel at a rate of \$75 per hour.
 - b. Meeting consults with other providers/professionals related to client therapy, process, care, and maintenance longer than 10 minutes at a rate of \$75 per hour.
 - c. Special reports, telephone/electronic communication with client/parent/guardian or other providers/professionals longer than 10 minutes at a rate of \$40 per hour.

Co-payments, payment for self-pay sessions, and other services as outlined above that are not billable to insurance are due at the time of service *unless* payment arrangements have been approved in advance with a member of our billing department. We may also request clients pay their deductible and coinsurance at the time of service to assist with keeping their account current.

A valid credit card number will be kept on file during your treatment at The Therapy Tree, LLC. All accounts that have not received payment towards a balance within 90 days will have the credit card on file charged for the balance amount, unless there is a previously approved payment plan in place.

We accept VISA, MasterCard, Discover, Care Credit, check, and cash. We realize that temporary financial problems may arise and we encourage you to contact us promptly for assistance in management of your account.

Self-pay rates for therapy services are available upon request.

All fees are subject to change at any time with or without prior notice.

SUPERVISION AND CONDUCT POLICY

All clients are required to check in at time of service. Parents/guardians of minor children under age of 17 years are required to check in and supervise any minor child at all times on the premises.



All customers of The Therapy Tree are expected to maintain cordial relations with all Therapy Tree staff and other customers at all times. The Therapy Tree may discontinue services at any time for any customer who does not adhere to this policy of expected conduct.

CANCELLATION POLICY

As therapists we work as service providers, therefore; our only commodity is our time and expertise. A scheduled appointment is like a contract: the client has hired us to provide our undivided attention during a specified period of time. When someone fails to appear for a scheduled appointment, we are not able to fill in that time with another client. When appointments are cancelled less than 24 hours before the appointment, we likewise may not be able to fill the time. Therapists needing to cancel their scheduled appointments will also provide a 24-hour notice prior to the appointment when possible.

The Therapy Tree requires a 24-hour notice for cancellation of appointments to avoid a cancellation fee. A cancellation fee of \$50 per missed appointment or for appointment cancellations with less than a 24-hour notice may be charged. We cannot bill your insurance company for a missed or cancelled appointment.

It is best to contact your provider directly whenever possible to cancel or reschedule an appointment. You may also call our main number, 847-265-7300; however, your provider may not receive the message prior to the scheduled appointment time. The Therapy Tree has the option of terminating services following three missed appointments.

Illness – If you or your child has any of the following symptoms, treatment should be cancelled or rescheduled. The Therapy Tree reserves the right to cancel or reschedule a session if you present to the clinic with any of these symptoms. This policy also applies if any members of the household show these symptoms when the therapist provides treatment in the home.

- Fever of 100 degrees or higher, diarrhea, or vomiting within 24 hours of treatment time.
- Serious sneezing or coughing, especially with mucous present.
- Watering/mattering eyes, discharge from ears.
- Runny nose when discharge is NOT clear.
- When client or member of household is exposed to serious illness like chicken pox, measles, hand/foot/mouth, RSV, COVID-19, etc.
- Unusual spots, rashes, or bruises not associated with injury.
- Sore throat or difficulty swallowing.
- Unusual behavior, client doesn't feel well enough to participate in normal activities.

Weather – In case of inclement weather, please call the office main line at 847-265-7300. A message will be recorded announcing if the clinic is closed due to weather. Whenever the clinic remains open, please call/text your therapist directly to cancel your appointment if weather conditions prevent your attendance.



COUNSELING THERAPY

Individuals consult with Mental Health Professionals (MHPs) for a variety of reasons. The therapy process involves a working partnership between you and your MHP. Our work may include a variety of activities, and for optimum outcomes to occur, your active participation is essential. We will attempt to help you achieve your goals, but we cannot guarantee that the outcome will be what you now seek. In addition, change is often accompanied by feeling states that can be distressing. You may experience moments of frustration, anxiety, feelings of depression, self-doubt, and confusion. While we are trained, licensed and experienced MHPs, we cannot guarantee change nor can we promise that all problems will be resolved.

All parents/guardians for minor clients under the age of 17 years will be required to sign a Safe Harbor agreement. This form is included on a separate page of this form.

If a diagnostic evaluation or assessment is requested, we will discuss findings, results, and treatment plans with you. Most of the minors we see are brought voluntarily by their parents and come with parental knowledge. In such circumstances, parents are often understandably curious about the treatment of their children. It is our position, however, that young people need to develop trust in their therapist and need some degree of security and privacy. Therefore, we specifically request that you limit your inquiry about the details of their therapy. There will be some caregiver feedback and discussion about progress and developing home programs as warranted for the therapeutic process. We will indeed, bring to your attention matters that we believe are important for you to know, and we request that you trust our judgment about this important issue. We also hope that you will refrain from asking your child what has transpired in therapy or diagnostic sessions.

Illinois law 405 ILCS 5/3-550 permits minors age 12 and older to request and receive up to eight 90-minute sessions without parental/guardian consent and the MHP is prohibited from notifying the minor's parents/guardian without the minor's consent unless the MHP believes such disclosure is necessary, in which case the minor must be informed. Consent is needed to continue unless the MHP believed it's in the minor's best interest to continue or that parental involvement would be detrimental to the minor's well-being.

Parental/guardian consent is not required at 17 years of age and older.

Under Illinois law 740 ILCS 110/4, parents/guardians are entitled to access the record of a minor for children under 12 years old. Minors age 12-17 years old have the right to access and authorize release of their own mental health records and information. The parent/guardian has access only if the minor is informed and does not object and the MHP finds no compelling reason to withhold them. Parents/guardian may receive information regarding the minor's physical and mental condition, diagnosis, treatment needs, services provided/needed, and medication.

If your child is 18 years old or over, we cannot discuss anything about evaluation or treatment with you without the written authorization from your child.



CONFIDENTIALITY

The law protects the privacy of all communications between a client and a therapist. In most situations, we can only release information about your treatment to others if you sign a written Authorization Form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- We may occasionally find it helpful to consult other health, therapy, and mental health professionals about a case. During a consultation, we avoid revealing the identity of our client. Nonetheless, the other professionals are still legally bound to keep the information confidential. Unless you object, we may not tell you about these consultations, unless we feel that it is important to our work together.
- You should be aware that we practice with other therapists and mental health professionals, and that we employ administrative staff. In most cases, we need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice.
- If a client threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

There are some situations where we are permitted or required to disclose information without either your consent or authorization.

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-client privilege law. We cannot provide any information without your (or your legal representative's) written authorization, or a court order. If you are involved or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order us to disclose information.
- If a client files a complaint or lawsuit against one of us, we may disclose relevant information regarding that client in order to defend ourselves.
- If a client files a worker's compensation claim, we may disclose information relevant to that claim to the client's employer or the insurer.



There are some situations in which we are legally obligated to take actions, which we believe are necessary to attempt to protect others from harm, and we may have to reveal some information about a client's treatment. These situations are unusual in our practice.

- If we know or suspect that a client under the age of 18 has been abused or neglected, the law requires that we file a report with the appropriate governmental agency, usually the Illinois Department of Child and Family Services (DCFS). Once such a report is filed, we may be required to provide additional information.
- If we know or suspect that an elderly or disabled adult has been abused, neglected, exploited, sexually or emotionally abused, the law requires that we file a report with the appropriate governmental agency, usually DCFS. Once such a report is filed, we may be required to provide additional information.
- If we believe that disclosing information about you is necessary to prevent or lessen a serious and imminent threat to the health and safety of an identifiable person(s), we may disclose that information, but only to those reasonably able to prevent or lessen the threat.

If one of these situations arises, we will make every effort to fully discuss it with you before taking any action, and we will limit our disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS

You should be aware that, pursuant to HIPAA, we keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that we receive from other providers, reports of any professional consultations, your billing records, test results, and any reports that have been sent to anyone, including reports to your insurance carrier. If you provide us with an appropriate written request, you have the right to examine and/or receive a copy of your records, except in unusual circumstances that involve danger to you or others. In those situations, you have the right to have your record sent to another provider. In most situations, we are allowed to charge a copying fee of \$25. The exceptions to this policy are contained in the attached Notice Form. If we refuse your request for access to your records, you have a right of review, which we will discuss with you upon request.



In addition, we may also keep a set of Therapy Notes. These notes are for our own use, and are designed to assist us in providing you with the best treatment. While the contents of therapy notes vary from client to client, they can include the contents of our conversations, our analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal to us that is not required to be included in your Clinical Record. These Therapy Notes are kept separate from your Clinical Record. While insurance companies can request and receive a copy of your Clinical Record, they cannot receive a copy of your Therapy Notes without your Authorization. Insurance companies cannot require your Authorization as a condition of coverage nor penalize you in any way for your refusal. You may examine and/or receive a copy of your Therapy Notes unless we determine that such disclosure would be reasonably likely to be detrimental to your health. 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 our presence, or have them forwarded to another mental health professional so you can discuss the contents.

HIPAA provides you with several new or expanded rights with regard to your Clinical Record and disclosures of protected health information. These rights include requesting that we amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about our policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and our privacy policies and procedures. We will be happy to discuss any of these rights with you.

CONTACTING US

Our office hours are 8:30am to 8:00pm Monday through Friday and Saturdays by appointment only. We make every attempt to answer every call; however, you may at times have to leave a message. Messages are checked often and calls returned within 24-48 hours. Please do not leave an urgent message on voicemail. It is best to contact your therapy provider directly for urgent messages, cancellations and scheduling questions. If you are experiencing an emergency, please call 911 or go to the nearest emergency room.

The Therapy Tree's email is encrypted and meets HIPAA standards; however, your email may not. In addition, you and your therapist's cell phone may or may not be encrypted. You may choose to communicate with your therapist and the office by email or text message; please know however, that the information contained in the email or text message may not be secure.

YOUR SIGNATURE BELOW INDICATES THAT YOU ARE GIVING CONSENT FOR EVALUATION AND TREATMENT, CONSENT TO BILL INSURANCE FOR SERVICES RENDERED, ACKNOWLEDGE RECEIPT OF



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PRIVACY PRACTICES, AND HAVE READ THIS AGREEMENT AND AGREE TO ALL TERMS.

Printed Name of Client or Parent/Guardian

Client or Parent/Guardian Signature

Date signed

Minors 12-17 years old

Printed Name of Client

Client or Parent/Guardian Signature

Date signed

