

SERVICE AGREEMENT

Therapy is a relationship that works according to clearly defined rights and responsibilities held by each person. This frame helps to create the safety necessary to take risks, and the support necessary to become empowered to create change. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to know about. There are also legal limitations to those rights that you should be aware of. As your therapist, I have corresponding responsibilities to you. What follows in this agreement is information about this framework, our respective rights and responsibilities, and the specific policies under which I operate my private practice.

When you sign this document, it will represent an agreement between us. You may revoke this agreement in writing at any time, and that revocation will be binding on me unless I have taken action in reliance on it or if you have not satisfied any financial obligations you have incurred.

INDEPENDENT PRACTICE

While Dina Zwiebel, LCPC shares office space with other mental health professionals, the professional practices are independent and she is not partnered with any other mental health professionals.

NATURE OF PSYCHOTHERAPY AND EVALUATION PROCESS

Psychotherapy is a treatment that addresses psychological distress and problems in life. My approach to psychotherapy is a collaborative one that seeks to build a relationship in which you feel free to explore your thoughts, feelings, and behaviors. Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness. Should you find yourself feeling overwhelmed by or ambivalent about this process and the feelings it evokes, it is important that you let me know so that we can determine how to best attend to your experience. You may also find that our relationship provokes strong feelings in you; I encourage you to also share these feelings with me, because I believe they offer rich and important information that can be useful to our work.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation period, I will be able to offer you some initial impressions of what our work may include. You should carefully consider this information and how useful it feels to you, and make your own assessment about whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise.

APPOINTMENTS & CANCELLATIONS

I normally conduct an evaluation that will last from 1 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need. If psychotherapy is begun, we will usually schedule one 55 minute session per week at a time we agree on, although more frequent meetings may be arranged to facilitate more intensive work on deeper psychological issues, or may be recommended in order to meet your particular needs. Upon beginning treatment, we are both committing to meet on a particular day and time, and it is important to the therapeutic process that this commitment be maintained. When unforeseen events interfere with our scheduled time, it is not generally possible for me to substitute someone or something else into the time that has been set-aside for you. Therefore, **once a therapy session is scheduled, you will be expected to pay for that session unless at least 24 hours of advance notice of cancellation is provided. Please note that insurance does not cover cancelled appointments, so if notice is given less than 24 hours before the appointment you are responsible for a \$65 cancellation fee.** If you are unable to attend your session, I will make every effort to offer you an alternative time to meet during the same week, however I cannot guarantee that I will be able to find a time that fits into both of our schedules. In addition, you are responsible for coming to your session on time and at the time scheduled. If you are late, your appointment will still need to end on time. In the unlikely event that I am delayed for your appointment, I will either make that time up at the end of the hour or, if that is not possible, make alternative arrangements to ensure that you receive your full time.

CONFIDENTIALITY

Information you share with me will be kept strictly confidential and will not be disclosed without your written consent. By law, however, confidentiality is not guaranteed in life-threatening situations involving yourself or others, or in situations in which children or elders are put at risk (such as by sexual or physical abuse or neglect). If I need to discuss your treatment with a colleague, I will disguise identifying information, including using a pseudonym.

It is very important to be aware that computers and unencrypted email, texts, and e-fax communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails, texts, and e-faxes, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all emails, texts and e-faxes that go through them. While data on my computer is encrypted, emails are not. Please notify

me if you decide to avoid or limit, in any way, the use of email, texts, cell phones calls or phone messages. If you communicate confidential or private information via unencrypted email, texts or e-fax or via phone messages, I will assume that you have made an informed decision, view it as your agreement to take the risk that such communication may be intercepted, and will honor your desire to communicate on such matters. Please do not use texts, email, voice mail, or faxes for emergencies. Please review the Notice of Privacy Practices which further outlines your rights to confidentiality and privacy.

PAYMENT AND INSURANCE COVERAGE

The fee for the initial evaluation is \$150 and subsequent sessions are \$130. If you are using Blue Cross Blue Shield of Illinois or Blue Choice of Illinois, I am an in network provider and will submit the session claim directly, leaving you responsible for your copayment. Payment is collected in the form of cash, check, or credit card at the time of service. To bill credit cards I use a HIPAA compliant app called Ivy. After your first session you will receive a text from the Ivy app asking you to enter your credit card information. After it's entered I will charge your card the appropriate amount for each session. A receipt for services can be provided upon request. My services are typically partially reimbursable by insurances I am not in network with and I can provide you with a statement that you may submit to your insurance to obtain out-of-network reimbursement. I will work with you to make the submission process to your insurance company as smooth as possible. Unless we have made alternate arrangements, you will also be responsible for paying fees to me directly as they are accrued, even if there is a delay in your reimbursement from your insurance provider.

CONTACT BETWEEN SESSIONS

If you need to contact me by phone, please do not hesitate. If I am unavailable, you can leave me a voicemail. I am usually able to return calls within 24 hours. You will not be charged for phone calls unless we have a scheduled conversation of an information-exchanging or problem-solving nature that lasts more than ten minutes. Should I have to be out of the office, dates will be given out in advance when possible, and may result in limited accessibility. As needed, I will be able to refer you to a colleague who can provide coverage for services while I am away. Due to my work schedule, I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voicemail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available.

IN CASE OF EMERGENCY

If you do not hear from me or I am unable to reach you and you feel unable to wait for my call, it remains your responsibility to take care of yourself until such time that we can talk. If you feel unable to keep yourself safe, contact your family physician or psychiatrist, the National Suicide Prevention Line at 800-273-8255 or go to your nearest emergency room and ask to speak with a mental health professional. If you suspect that you will need to speak with me between appointments regarding matters that are best discussed in session, please let me know as soon as possible so that we can try to arrange an appointment to meet in person. If we observe that there is often a need for between session contact, we should discuss arranging more frequent sessions each week.

TREATMENT TERMINATION & OTHER RIGHTS:

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such criticism will be taken seriously and with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspect of the therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients. Any sexual contact is a boundary violation, and thus is unethical and illegal.

You will typically be the one who decides therapy will end, unless we have contracted for a specific short-term piece of work, or if I do not feel able to help you, because of the kind of problem you have or because my training and skills are not appropriate. In the latter case, I will inform you of this fact and refer you to another therapist who may meet your needs.

INFORMED CONSENT

I have read this Agreement, considered it carefully, asked any questions that I needed to, and understand it. I agree to pay the fee of \$130 per session and \$150 for the initial evaluation or my insurance copayment. If I cancel my appointment with less than 24 hours notice I understand that I am responsible for the \$65 cancellation fee, regardless of insurance coverage. I understand my rights and responsibilities as a client, as well as my therapist's responsibilities to me. I agree to undertake therapy with Dina Zwiebel, LCPC. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions offered by Dina. I am over the age of eighteen.

Printed Name: _____

Signature: _____ Date: _____