

# CHAPIN & RUSSELL ASSOCIATES SERVICE AGREEMENT

Counseling, Mediation and Personal Coaching

3020 W. Willow Knolls Drive • Peoria IL 61614

(309) 681-5850

## Informed Consent

### Ethical Guidelines

The counseling staff of Chapin & Russell Associates (CRA) follow the ethical guidelines outlined by the American Psychological Association, American Counseling Association, American Association for Marriage and Family Therapy, and the National Association of Social Workers.

### Licensure and Certification

The counseling staff is bound by the legal status, guidelines and licensing requirements of the state of Illinois as well as the requirements of the various professional certifications they possess.

### Client Rights

All clients have the right to ask questions, to know the qualifications of their therapist, to understand the techniques and treatment being used, to act or not act upon therapeutic suggestions, and to terminate counseling at any time of their choice. CRA staff retain the professional obligation and right to cease counseling when therapy has been successful, to refer clients to other professional resources as appropriate and to terminate the counseling relationship if it is determined to be in the client's best interest. Therapists may also discontinue services when they can no longer provide the requested service, when the client does not keep scheduled sessions or when the client does not pay for the services provided to them. In the unlikely event your counselor is unable to provide ongoing services, the CRA Clinical Director will help the client make arrangements for another qualified professional to provide those services and will maintain your records for a period of seven years. It is further understood that CRA staff is prohibited, by the limits of their liability coverage, from giving clients referral recommendations to attorneys or financial consultants.

### Achieving Successful Results

It is the goal of CRA staff to provide clients with meaningful and effective counseling, mediation, and personal coaching services so they may receive support, therapy and consultation toward timely resolution of their personal, relationship and family concerns. We ask clients to be actively involved in the counseling process, to openly express their thoughts and feelings and to practice or apply what they have learned in their sessions in their lives outside the counseling office.

### Confidentiality and the Limits of Confidentiality

All counseling information is kept confidential to the limits provided by law. If a client threatens to harm himself or herself, threatens to harm another person or becomes so severely emotionally impaired that the client is unable to provide for their own welfare, then our counseling staff are mandated to intervene. They are required to do all they can to alert appropriate medical or legal authorities and to warn the threatened party to protect the client's or other person's life. The counseling staff is also mandated by professional ethics and Illinois state law to evaluate any occurrence of child abuse and report neglect, physical, or sexual abuse to the Illinois Department of Children and Family Services. In addition the counseling staff is mandated by professional ethics and Illinois state law to report any suspected neglect or abuse of an elderly person to the Elder Abuse Hotline.

### Release of Information and Mandated Reporting

Any mandated release of information from counseling services will generally occur only with a client's prior notification except when the risk of harm is immediate and prior notification is not possible. All other releases of information will only occur with a client's written, informed consent, according to both state and federal guidelines. It is understood that confidential supervision and consultation among CRA staff for the purpose of education, staff professional development and supervision of client's ongoing treatment is exempt from this policy.

### Permission to Contact

It is understood CRA staff may contact clients by phone or by mail to coordinate scheduling, distribute information about services, forward statements for billing or collection and to seek a client's evaluation of counseling services. Should a client wish to have such contact limited, they must submit their request in writing to the CRA staff and offer an alternative method of contact.

### Health Insurance Portability and Privacy Act (HIPPA)

It is understood HIPPA guidelines allow clients access to their medical records upon appropriate notice to the CRA staff. Upon receipt of your written request and payment of a processing fee (see "Fee to Review and Copy Records"), CRA staff will review your record and release to you the information you requested.

### Notification and Billing of Provided Services

All clients will receive an itemized statement of provided services. Clients retain responsibility for the payment of all fees and charges not covered by their insurance. See the CRA Financial Agreement on next page for details of fees, insurance billing, and payment policies.

# Financial Agreement

The counselors at Chapin & Russell Associates (CRA) value this opportunity to offer our services to you. We believe that coming to a mutual agreement about fees, payment and financial policies allows the therapeutic relationship to more effectively focus on your counseling goals. Please be sure you fully discuss any questions you have about this agreement with your counselor or CRA staff member.

## Fees

<b>Basic Services</b>	<b>MS/MSW/Intern</b>	<b>Ph.D.</b>
Initial Diagnostic Interview.....	150.00	170.00
Individual (45 minutes)*.....	115.00	135.00
Individual (20 minutes).....	65.00	75.00
Couple/Conjoint (45 minutes).....	115.00	135.00
Group (90 minutes).....	55.00	65.00
Testing (computerized/paper & pencil).....	60.00/30.00	60.00/30.00
Test Interpretation (prorated hourly rate).....	150.00	170.00
Court, Training and Professional Consultation**.....	175.00	195.00
Personal Coaching (45 minutes).....	105.00	125.00
Personal Coaching (20 minutes).....	55.00	65.00
Mediation (initial 3 sessions & summary).....	600.00	600.00
Mediation (additional session).....	150.00	150.00
Other Agreed Rate: _____	_____	_____

### **\*Additional Services (typically not covered by insurance)**

Extended sessions, report writing, telephone consultation, emergency on-call, attending meetings or consultation at client's request, record preparation, treatment summaries, or any other service requested by clients will be "pro-rated," at the same above individual 45 minute rates. Any "pro-rated" charge below a standard session rate will be charged a \$6.00 billing fee. Short telephone calls up to five minutes and calls related to scheduling will not be charged. Please note that most insurance companies do not cover these services.

### **\*\*Court Consultation (typically not covered by insurance)**

If you become involved in litigation which requires the participation of your therapist, you will be charged at the above rates for professional time required to prepare, respond to subpoenas and testify, even if your therapist is compelled to testify by a third party (ie. ex-spouse). In addition you will be charged for travel time at the same professional rate and mileage.

### **Annual Fee Increases**

During the course of therapy it may become necessary for CRA to increase our fees. Our fees are periodically reviewed and increased no more than once a year. Clients will be informed at the time of any fee increase.

## Responsibility for Payment

**It is the client's responsibility to pay for all services not covered by their insurance.** As part of our service to you, we will file an insurance claim for you, with the assignment of benefits to CRA. This will allow your insurance company to pay CRA directly. It is also the client's responsibility to pay for any and all charges not covered by their insurance provider including: unmet deductibles, co-pays, co-insurance, non-covered and denied services. It is understood, clients are to pay these by cash, check or credit card at the time the service is provided or in the case of co-insurance, after the "explanation of benefits" has confirmed the amount due. Finally, it is understood that clients **accept complete financial responsibility** for any balance remaining after payment is made by their insurance company.

## Insurance Billing

It is understood that the client's insurance policy is a contract between the client and their insurance provider. CRA however, in cooperation with Sharlabo, Inc., our subcontracted billing service (1-800-769-6410), will pre-certify your request for counseling services, electronically bill your insurance company, track your "explanation of benefits" (EOB's), provide an ongoing and monthly summary of your account and answer your billing questions. Sharlabo will also file any secondary insurance claims you request. It is also important to note that any applicable managed care discounts will be applied to your bill, as will any out of network rates that are allowed by your insurance company. As is customary, pre-certification and pre-authorization of benefits **does not guarantee insurance reimbursement**. Clients are responsible for the full balance of their accounts. CRA bills your insurance as a courtesy to you.

## Release of Information to Third Party Payers

It is understood that disclosure of medical information regarding conditions being treated and services being provided is generally required by insurance companies or other third party payers for billing and quality assurance purposes. It is further understood that the client or the responsible party (parent or guardian) hereby authorizes the release of this information as requested by the third party payers. While insurance companies generally assure clients that no information will be released to their employer or other third parties, once the information leaves CRA, we cannot guarantee its security.

## Fee to Review and Copy Your Records

The Health Insurance and Portability Privacy Act assures you both confidentiality of and access to your counseling records. A fee of \$60.00 will be charged to review your file and copy any records you request. This fee must be paid before records are released.

**Cancellations**

It is understood that if a client does not appear for a scheduled appointment or cancels an appointment without giving 48 hours prior notice, they will be charged \$60.00 (MA/MSW/Intern) or \$70.00 (Ph.D.) to be paid before their next scheduled appointment. Regardless of the insurance coverage, the third party payer will not reimburse for appointments that are not kept or which are cancelled on short notice. CRA will consider exceptions for unforeseen medical and weather emergencies.

**Self-Pay and Policy for Unpaid Fees**

Clients are responsible to pay for all self-pay charges, co-pays, deductibles, cancellation fees and additional service charges at the time services are rendered and billed. If these are not paid at the time services are rendered and the client has not authorized automatic credit card or debit card deductions (see "Convenient Payment Method" below), an additional \$35.00 service charge will be added to your monthly billing statement each month it goes unpaid. Finally, if your insurance company does not pay CRA within 60 days of charges, the client will be responsible for this payment.

We at CRA understand that temporary financial problems may affect timely payment of your account. If such problems do arise, we recommend you contact us promptly for assistance in managing your account. In circumstances of unusual financial hardship, our office staff will speak with you about a payment plan contract or sliding scale fee rate for qualifying clients.

Failure to pay fees when they are due may result in **rescheduling your appointment** or **suspension of services** to you until they are paid. If an outstanding balance accrues and remains unpaid after 90 days following the date the service was charged, and suitable arrangements for payment have not been made by the client, bills may be submitted to a collection agency or small claims court action with an additional 50% service charge to cover collection costs.

**Convenient Payment Method**

In order to avoid consequences for unpaid balances and make it easier for clients to pay all agreed upon fees at the time services are rendered, CRA recommends clients to complete the "Credit/Debit Card Authorization Agreement" below. Please note, charges will not be submitted to your credit card institution unless 1) you authorize such payment for service and 2) you fail to make payment at the time services are rendered and billed or any condition under the "Self-Pay and Policy for Unpaid Fees" section is present. Receipts will be provided for all transactions.

**Credit/Debit Card Authorization Agreement**

Card Type: \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ Debit  
Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name of Cardholder (as appears): \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(Please initial "One" of the two options below.)

- \_\_\_\_\_ 1. My signature below authorizes CRA to process my credit card for payment of services on a "recurring basis," for all scheduled appointments, missed appointments, late cancellations, returned checks and all other fees and charges.
- \_\_\_\_\_ 2. My signature below authorizes CRA to process my credit card **ONLY** for payment of charges that result from unpaid co-pays or deductibles, co-insurance, missed appointments, late cancellations, returned checks, service charges, interest accrued, other unpaid fees and charges, and non-covered visits for which I **"do not" pay by cash or check.**

\_\_\_\_\_  
Signature Date

**Termination**

Finally, it is understood that counseling services will be terminated when: 1) client's goals have been successfully achieved, 2) if counseling has not been helpful, 3) if the therapist is no longer able to provide the services, 4) if the client has failed to schedule or has repeatedly cancelled counseling sessions, or 5) if the client has failed to pay an account balance or failed to make arrangements to do so, for 60 days. Should premature termination be necessary, your counselor will make every effort to refer you to another suitable counselor or counseling service.

**Understanding and Agreement**

I have read, understand, and agreed to the Informed Consent and Financial Agreement, outlined above. I have clarified any questions with my therapist and/or CRA staff before I signed this agreement.

\_\_\_\_\_  
Client or Guardian Name (Please print.) Date of Birth \_\_\_\_\_  
\_\_\_\_\_  
Client or Guardian Signature Date \_\_\_\_\_  
\_\_\_\_\_  
Therapist Signature Date \_\_\_\_\_