

## PRACTICE POLICIES

**PRESENT AWAKENINGS THERAPY CENTER, PLLC**  
3166 N Lincoln Ave, Suite 214A, Chicago, IL 60657



This document contains important information about Present Awakenings Therapy Center, PLLC's ("Present Awakening Therapy Center", "me", "my", "I") policies. My disclosure and your understanding of the items below will help both of us navigate the therapy relationship.

I require all clients to review and agree to these policies and procedures prior to beginning or continuing mental health treatment with me. Please take time to read this and raise any questions you may have prior to signing below. I may update these policies and procedures at my discretion, and I will provide you with a copy of any updates. By signing below, you acknowledge and agree to be bound by these policies and any updates to them.

### APPOINTMENTS AND CANCELLATIONS

If you wish to cancel or reschedule your appointment, I am happy to do so with at least 24 business hours notice (Monday – Friday), so that I have time to offer the session to another client. If you provide less than 24 business hours notice to cancel your appointment (excluding when we both consider it an emergency) a Late Cancellation Fee will be charged directly to you for the full session fee. This fee is charged directly to you; insurance does not cover late cancellation fees. If you provide less than 24 business hours notice to reschedule your appointment within the same week, I will do my best to accommodate you; however, if we are unable to find a time to reschedule within the week, the Late Cancellation Fee will apply. If you do not show up for your appointment and do not provide notice of cancellation by 15 minutes after the scheduled start time, you will be charged the Late Cancellation Fee whether or not we are able to reschedule the appointment within the same week.

If you are physically unable to attend your appointment – for example, if you are too sick to attend either in-person or via telehealth – please contact me by 8:00 am on the day of your appointment to be considered for an exemption from the Late Cancellation Fee. If your session was planned for in-person but you need to switch to a telehealth session – for example, due to inclement weather or a last-minute change in your schedule – and are already connected to telehealth services, please let me know at least 30 minutes prior to the start of your appointment, and I will be happy to switch to a telehealth appointment. If we were planning for a telehealth session but you would like to have an in-person session instead, please ask at least 4 hours prior to your scheduled session time to see if I can accommodate you. There is no fee for switching from an in-person session to a telehealth session or vice versa.

Unless otherwise discussed, sessions are for a "therapeutic hour," which means they are approximately 53 minutes. If you are using insurance to pay for sessions, we are required to meet for a certain amount of minutes in order to bill your insurance. If you are going to be more than 15 minutes late to a session, please contact me to see if I can accommodate extending the session time or rescheduling your session. If we cannot find time to have a full session, the Late Cancellation Fee will apply. If you have provided no notice and have not shown up for your appointment 15 minutes past the scheduled start time, the Late Cancellation Fee will apply.

### TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. At any time during your therapeutic treatment, you, your designee, or I can choose to discontinue care. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you default on payment. I will

not terminate the therapeutic relationship without first discussing it with you. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified therapists to treat you. You may also choose someone on your own or from another referral source.

If you do not show up for your appointment for three consecutive weeks or do not attend any appointments in a month, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the therapeutic relationship discontinued, and you will be notified of the termination of treatment.

## **SELF-PAYING FOR SESSIONS**

If you are self-paying for individual therapy sessions, such as due to not having health insurance or not having in-network health insurance, the first two sessions are considered the Intake Assessment and are \$175 per session. Sessions following the first two sessions are considered therapy sessions and are \$155 per session. If you are self-paying for group therapy, the individual Intake Assessment session is \$155, and group sessions are \$50 each session.

If you are self-paying for sessions, you have the right to receive a “Good Faith Estimate” of expected charges under the No Surprises Act, explaining how much your medical care will cost. Under the law, patients who don’t have insurance, have out-of-network insurance, or are not using their insurance for services need to be provided an estimate of the bill for medical items and services up front. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees. Make sure your healthcare provider gives you a Good Faith Estimate in writing at least one business day before your medical service or item. You can also ask your healthcare provider and any other provider you choose for a Good Faith Estimate before you schedule an item or service. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call Present Awakenings Therapy Center at (773) 217-8851.

## **USING INSURANCE TO COVER SESSIONS**

Most health insurance plans have coverage for mental health therapy if services are deemed medically necessary; however, **YOU**, not your insurance company, are ultimately responsible for the payment of services. I do not guarantee that your insurance will cover the costs of my services. It is your responsibility to verify your coverage and benefits, including for both in-person and telehealth sessions, and ensure you understand any copay, coinsurance, and/or deductibles associated with your plan. To verify your coverage, call the phone number on the back of your insurance card and ask about behavioral health benefits. Some insurance plans require “pre-authorization” for services. If your plan requires pre-authorization, it is your responsibility to inform me that pre-authorization is needed prior to the service(s) that it is needed for. Many insurance companies won’t “back date” authorization, so you may be responsible for the session fees if you don’t inform me of necessary pre-authorizations. You are also responsible for checking to see if your insurance plan currently and continues to cover both in-person and telehealth services; some plans may not cover both or may stop covering both in the future.

Generally, your mental health diagnosis, as well as basic information about you, needs to be provided in order for your insurance company to cover your services. Some insurance plans also require occasional reviews of your treatment, where I will have to disclose information about you and your treatment. If you don’t want this information disclosed, you will need to self-pay for sessions.

It is also your responsibility to inquire with your insurance company if I am considered “in-network” or “out-of-network” with your plan. I am currently in-network with BCBS PPO plans, Blue Choice PPO plans, and UnitedHealthcare plans. However, plans vary by state and within states, so there is a chance that I am not in-network with your plan, even if you have one of those plans listed. If you have an in-network insurance plan, I will bill your insurance plan directly. If you have an out-of-network insurance plan, you will be required to self-pay at the time of sessions, and I can then give you a “superbill” (a specific type of

receipt) for you to submit to your insurance company for reimbursement. Each insurance plan's procedure for submitting superbills for reimbursement is different, and you will have to contact your insurance plan for instructions.

In addition to individual therapy, your treatment may require additional professional services; if so, self-pay hourly rates, prorated to the nearest 15 minutes, may apply. These services may include but are not limited to report writing, telephone conversations lasting longer than 15 minutes, attendance at and travel to meetings with other professionals per your request, preparation of records or treatment summaries, and complying with legal proceedings. If these services are required, or you would like me to perform these services, we will discuss fees likely to be incurred.

## **BILLING**

Generally, I require all clients to have a credit card on file in the client portal, and all fees are charged to that credit card. However, if you would like to pay by electronic payment, cash, or check, please discuss possible options with me.

If you are self-paying for sessions, the credit card you have on file will be charged overnight on the day of your appointment.

If you are using insurance for sessions, once any copays are confirmed, the credit card you have on file will be charged the copay overnight on the day of your appointment. If your insurance plan requires that you meet a deductible/out-of-pocket maximum and/or if you are responsible for coinsurance for each session, a claim will be submitted to your insurance, and once reimbursement comes back from your insurance the credit card you have on file will be charged the amount you are responsible for. It may take 1-3 weeks (or longer) for reimbursement to come back from your insurance.

If you have accrued an outstanding balance, you must pay at least 25% of the balance plus the cost of the session(s) each week to continue sessions. If you are unable to pay at least 25% of the balance, sessions may be suspended until you are able to pay. Outstanding balances that are more than 60 days past due without payment arrangements will be eligible for collection proceedings.

## **EMAIL AND PHONE AVAILABILITY**

If you need to contact me in between sessions, please call and leave a voicemail. You are also welcome to email me; however, I cannot ensure the confidentiality of any form of communication through electronic media since electronic media, including email, can be hacked. Because most of my time is spent in session with clients to whom I'm providing my undivided attention, I likely will not be able to answer immediately. I try to respond to all messages within one business day. In the event of an emergency, call 911 or go to the nearest emergency room first. If you would like to contact me or have a support person contact me to inform me of the emergency, please do so only after you obtain emergency services.

For cancellations or rescheduling, please bring them up in session, email, or call me. You are also welcome to send me emails and/or leave me voicemail messages whenever you like, with whatever content is helpful for you (again, with the understanding that I cannot guarantee your privacy in electronic communications). For example, some clients like to send a message with their in-the-moment thoughts and emotions to a distressing event that they want to talk about in their next session. For any messages that include therapeutic content, I will acknowledge receiving them and bring them up in our next session.

I do NOT accept text messages at this time and will not respond to any received.

## **SOCIAL MEDIA**

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, Instagram, LinkedIn, etc.). I also will never solicit testimonials, ratings, or reviews of me on websites or by other means. If you would like to submit a testimonial, rating, or review in a public forum, I encourage you to do so only after careful consideration of the potential for breaking your own confidentiality and the possibility that your actions might impact your experience in therapy. For example, a relative whom you did not want to know you are in therapy sees the review or, after posting a positive or negative review, it impacts how you feel about me in sessions. I'm always happy to discuss your satisfaction with your therapy in sessions.

I may take appropriate legal action for false or defamatory reviews.

## **MINORS**

I do not treat anyone under the age of 18 or anyone who is currently in high school.

## **LEGAL AND COURT-RELATED SERVICES**

The information disclosed by you, as well as any record created, is subject to confidentiality; generally, I cannot disclose anything related to you or your treatment without your written permission. If I receive a subpoena for records, deposition testimony, or testimony in a court of law, I will assert this privilege on your behalf until instructed, in writing, to do otherwise by you or your representative. You should be aware that you might be waiving your confidentiality regarding your entire treatment if you make your mental or emotional state an issue in a legal proceeding. You should address any concerns you might have regarding the confidentiality of your treatment with your attorney.

I will not voluntarily participate in any litigation or custody dispute in which you and another individual or entity are parties. I have a policy of not communicating with clients' attorneys and will generally not write or sign letters, reports, declarations, or affidavits to be used in any client's legal matter. I will generally not provide records or testimony unless compelled to do so. Should I be subpoenaed or ordered by a court of law to appear as a witness in an action involving you, you agree to reimburse me for any time spent on preparation, phone calls, travel, or other time in which I have made myself available for such an appearance at an hourly rate for such services of \$350 per hour. Fees for legal and court-related services must be paid prior to the scheduled service. Charges for court-related services are not covered by insurance.

I do NOT perform evaluations for custody, visitation, or other forensic matters.

## **SERVICE AND EMOTIONAL SUPPORT ANIMALS**

If you have an animal allergy, please note that I am required to allow service animals and occasionally allow emotional support animals in the practice's space.

Please let me know if you plan to bring your service animal or want to bring your emotional support animal in case any arrangements or adjustments need to be prepared.

I do NOT provide letters or complete paperwork for emotional support animals.

## **QUESTIONS?**

At any time, including before and during treatment, you are encouraged and welcome to ask questions and request additional information about any of the above policies.

**By signing this form below, you certify that you have read or had this form read to you, understand its contents, have been given the opportunity to ask questions, and that any questions have been answered to your satisfaction. You also agree to comply with the responsibilities as outlined in the Practice Policies.**

BY CLICKING ON THE CHECKBOX BELOW YOU ARE AGREEING THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE PRACTICE POLICIES CONTAINED IN THIS DOCUMENT.

*[DOCUMENT IS SIGNED ELECTRONICALLY VIA CLIENT PORTAL]*