



OFFICE POLICIES & GENERAL INFORMATION

PAYMENTS & INSURANCE REIMBURSEMENT: Clients are expected to pay the fee of \$210 for initial intake session, and pay the standard \$175-\$185 per session, at the end of each session unless other arrangements have been made. While Gurnee Counseling Center will submit insurance claims on the client's behalf as a courtesy, clients carrying insurance should remember that professional services are rendered and charged *to the client* and not the insurance company. Not all issues/conditions/problems which are the focus of psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. If your account is overdue (unpaid) and there is no agreement on a payment plan, GCC can use legal means (court, collection agency, etc.) to obtain payment. Generally, suspension of treatment is considered when charges greater than or equal to the fee for two sessions remains unpaid. **Any remaining balance unpaid by insurance will be the client's responsibility. If it becomes necessary for the account to be sent to collection, the full collection fees and any court fees and attorney fees that might be incurred will be added to the balance due from the client.**

CANCELLATION: Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, *the full fee \$175-\$185 will be charged for sessions missed without such notification.* Furthermore, insurance companies do not reimburse for missed sessions.

HOW TO CONTACT THERAPIST IN EMERGENCY: If you encounter an emergency (life threatening situation) requiring immediate assistance do one or more of the following:

- a. Call 911.
- b. Go to your local hospital's emergency room.
Area hospitals:
 1. Vista Medical Center East: (847) 360-3000 / 1324 N Sheridan Rd, Waukegan, IL 60085
 2. Condell Medical Center ER: (847) 990-5300 / 639 S Stewart Ave, Libertyville, IL 60048
- c. Call your medical doctor

If you need to contact your therapist between sessions, please leave a voice mail message at **their extension which can be found on our website** and your call will be returned as soon as possible.

THE PROCESS OF THERAPY / EVALUATION: Participating in therapy can result in a number of benefits to you, including improved interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working towards these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty and openness in order to change your thoughts, feelings or behavior. During evaluation and therapy, remembering or talking about unpleasant events, feelings or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. If you have any unanswered questions about any of the procedures used in the course of your therapy, their risks, your therapist's expertise in employing them, or about the treatment plan, please ask, and you will be answered fully. You also have the right to ask about other available treatments and their associated risks and benefits. Therapy never involves sexual or business relationships, exploitation, or any dual relationship that impairs your therapist's objectivity, clinical judgment, or therapeutic effectiveness. You have the right to terminate therapy at any time. If you choose to do so, your therapist can furnish you with names of other qualified professionals whose services you might prefer.

CONFIDENTIALITY: Gurnee Counseling Center will keep confidential the information you share except if you pose a danger to yourself or others, or have caused harm that we are obligated to report. Additionally, a court might order us to disclose your records if your mental health has been raised in litigation.

NOTICE OF PRIVACY PRACTICES

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

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (protected health information) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Without specific written authorization, we are permitted to use and disclose your health care records for the purpose of treatment, payment and health care operations.

- **Treatment** means providing, coordinating or managing health care and related services by one or more health care providers. Examples of treatment would include, but are not limited to, outpatient individual, family, and group psychotherapy.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review. An example of this would be billing your insurance plan for services.
- **Health Care Operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer service. An example would include a periodic assessment of our documentation protocols, etc.

We will use and disclose your PROTECTED HEALTH INFORMATION when we are required to do so by federal, state and local law or to any law enforcement official for any circumstances required by law.

- We may disclose your PROTECTED HEALTH INFORMATION to public health authorities that are authorized by law to collect information, to a health oversight agency for activities authorized by law included but not limited to: response to a court or administrative order, if you are involved in a lawsuit or similar proceeding, response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
- We may use and disclose your PROTECTED HEALTH INFORMATION when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
- We may disclose your PROTECTED HEALTH INFORMATION if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- We may disclose your PROTECTED HEALTH INFORMATION to federal officials for intelligence and national security activities authorized by law. We may disclose PROTECTED HEALTH INFORMATION to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
- We may disclose your PROTECTED HEALTH INFORMATION to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals or the public.
- We may release your PROTECTED HEALTH INFORMATION for workers' compensation and similar programs.
- We will use and disclose as required by law any cases of suspected child abuse or neglect to the Illinois Department of Children and Family Services (DCFS) or its equivalent.
- We may disclose your PROTECTED HEALTH INFORMATION when the client is a minor and disclosure to the parent(s)/guardian(s) is in the client's best interests.
- In couple and family therapy/assessment, information disclosed by any family member without the other member(s) present may be disclosed to the absent member(s) unless specifically prohibited.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights in regards to your PROTECTED HEALTH INFORMATION, which you can exercise by presenting a written request to our Office Manager at the practice address listed below.

- The right to request restriction on certain uses and disclosures of PROTECTED HEALTH INFORMATION, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to request to receive confidential communication of PROTECTED HEALTH INFORMATION from us by alternative means or at alternative locations.
- The right to access, inspect and copy your PROTECTED HEALTH INFORMATION.
- The right to request an amendment to your PROTECTED HEALTH INFORMATION.
- The right to receive an accounting of disclosures of PROTECTED HEALTH INFORMATION outside of treatment, payment and health care operations.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your PROTECTED HEALTH INFORMATION and to provide you with notice of our legal duties and privacy practices with respect to PROTECTED HEALTH INFORMATION.

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all PROTECTED HEALTH INFORMATION that we maintain.

Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the revised Notice from this office.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our Privacy Practices, please contact or For more information about HIPAA or to file a complaint:

Gurnee Counseling Center
4212 Old Grand Avenue, Suite 102
Gurnee, IL 60031
847.336.5621

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
877.696.6775 (Toll-Free)



GURNEE COUNSELING CENTER PAYMENT POLICIES

In our ongoing efforts to provide quality care and improve our office procedures, we are asking all of our clients to cooperate with the following office policies:

1. If you choose to use insurance to cover a portion of your care, you should verify with your carrier that it will be covered and to what extent. You will be expected to pay all co-payments, deductibles, and any uncovered and ineligible services.
2. If you are a self-pay client, your fee will be due at the time of service.
3. We will be glad to file your insurance claims as a courtesy to you. We do so daily, and most insurance companies pay your claims within a 30-60 day period. If your claims are not being paid promptly, we ask your help in pursuing these with your insurance company. We have found that insurance companies are much more responsive to our client's (or their employer's) inquiries than they are to those of the provider. We will be happy to talk with you about effective ways to approach your insurance company. Due to large numbers of claims filed by our office daily, it is our policy to file your claims with the insurance company two times only. If your insurance company does not pay your claims after the second filing it will be your responsibility to pay for the billed amount and collect from your insurance company. Our office staff will be happy to help you with that should you need it. This does not apply to HMO or managed care accounts.
4. By paying via credit card, you acknowledge that this credit card information will be automatically kept on file via PCI-compliant encrypted code with the following credit card processor: Cayan Merchant Services.
5. You further agree and understand that if insurance does not pay the contracted rate for services that any remaining balance due is the patient responsibility and will be charged to you or the credit/debit card on file. This amount typically includes co-pays, co-insurance, and deductibles that have not yet been met or were quoted incorrectly by the insurance company. This agreement also includes late cancellations and any failed appointments not to exceed \$185.00 per charge
6. The responsible party is indicated by their signature on Gurnee Counseling Center's Registration Form. There can only be one responsible party, including cases of divorce, possible divorce, and other cases of unique relationship to client.

We greatly appreciate your help and understanding in making these office policies uniform.

Your therapist does not get paid for your visit until we receive payment from you or your insurance company.