

J. Hart & Associates, Inc  
Licensed Psychologist # 071-006014  
5500 S. Carpenter Rd.  
Downers Grove, IL 60516  
630-241-2244

*SOME THINGS YOU SHOULD KNOW ABOUT COUNSELING  
(AKA - INFORMED CONSENT)*

**Before you start counseling there are some things that you ought to know. Legally, this information is called “Informed Consent”. Informed Consent will help you understand better what to expect and will explain some limitations about what we will be doing.**

*Confidentiality*

**Of course, all of our work together- our conversations, your records and any information that you give us- is protected by something called “privilege”. That means that the law protects you from having information about you given to anyone without your awareness and permission. Our office respects your privacy and we intend to honor your privilege. However, there are some limits to your legal privilege, some exceptions you should understand before we start.**

**If we believe there is a risk that you might harm yourself or someone else, we may be required to contact the authorities or the other person to give them the opportunity to protect you or the other person. If you are abusing children or elderly people, we are required by law to notify the authorities, so they can protect others from harm. Also, if you become involved in any lawsuit in which your mental health is an issue- for example, a child custody dispute or an injury lawsuit in which you claim compensation for emotional pain and suffering – then the court or the lawyers may insist upon, and may obtain your information from us.**

**Additionally, information revealed by you during group sessions is not protected by privilege, although it is hoped (and encouraged) that group information remains solely within the group. Similarly, you would lose the protection of your privilege if you file a complaint directly against our office.**

**The financial part of our relationship also imposes some confidentiality limits. If you are using insurance or another third party payer, our office**

**must share certain information with them, including (but not necessarily limited to) your diagnosis and the times of your visits. If there is a managed care company, they may require us to provide additional information such as your symptoms and your progress. You should also understand that insurance and managed care information is often stored in national computer databases. If we find ourselves in a dispute with you over billing, our office may only provide the information necessary to clarify and to collect any outstanding.**

*Side effects and other potential unpleasantness*

**You should know that counseling is not always easy. You may find yourself having to discuss very personal information. You could find those conversations difficult and embarrassing, and you might be very anxious during and after such conversations. As you learn more about yourself, you might encounter increased conflict with friends, co-workers, and family members. It is possible that you might become somewhat depressed or confused. Hopefully, you will inform us if these feelings become too distressing so that we can properly pace your treatment. Counseling is intended to alleviate problems, but sometimes, especially at first, and as you get to the root of some things, you may feel them even more acutely than in the past. We may also suggest that you do some things that might, at first, make you feel awkward or uncomfortable. Sometimes counseling requires trying new ways of doing things. You will always be free to move at your own pace, however. We will challenge you and your old ways of thinking and doing things, but we cannot offer any promise about the results you will experience. Your outcome will depend upon many things.**

**Our office specializes in the treatment of trauma, general psychological issues, and marriage counseling. If we believe that your problems require knowledge we do not have, we may refer you for a consultation with someone with more specific training or experience, discussing any such referral with you.**

*Our office billing policies*

**We schedule appointments to begin at the time marked on your appointment card. Insurance companies dictate that counseling sessions last 45-50 minutes. We must end promptly so that notes can be recorded**

**and a transition can be made into the next session. If, regrettably, the previous session becomes prolonged, we ask that you afford us the same 10-15 minute window of tolerance that you, too, will appreciate, should your issue not fit neatly into the time bracket allotted. Your session will not be shortened as a result of any such time delays.**

**Payment is due at the time of your appointment. We can accept cash or checks for your payment. Our office must charge a full fee even if you are late, or if you cannot make your appointment and you do not cancel the appointment twenty-four hours in advance.**

**Our office charges a \$30 fee for any check returned for any reason.**

**If you need to cancel an appointment, please call (708) 829-4840.**

**Please do not use the internet to schedule or cancel appointments**

*Our office communication policies*

**Our office telephone (630) 241-2244 is answered twenty-four hours a day by a mechanical answering system. Throughout the day, we check messages regularly, and, whenever possible, we try to return phone calls the same day. If we have not returned your call within 24 hours, please try again as your message may have been lost. We do not check office messages after 6:30pm on weekdays, or routinely on weekends. If you have an emergency after 6:30pm or on a weekend, call 911, or go to an emergency room. Should after hours telephone calls be necessary, there will be no charge for the first 10 minutes. For telephone consultations that require more than ten minutes, our office charges \$25 for each 15 minute increment or any part of a fifteen minute increment. These fees are due and payable when they are incurred, but must be paid by the time of your next appointment; insurance does not ordinarily pay for telephone consultations.**

**Although we encourage the use of the internet as a method of storing information for future sessions, it is not possible to do therapy by internet. If you leave information for your next session, it will be properly addressed then. Please do not expect a response before the next session.**

**Neither internet nor text messages afford the full range of expression and require time that will be billed for - should these services be misused.**

**Please note: Internet appointment cancellations will NOT be accepted.**

**When we are out of the office for several days, the messages you leave may be answered by another counselor. We will probably not have discussed your case with that person, but he or she will make every effort to be helpful to you in our absence. If we have another professional taking calls while we are away, please realize that we have confidence that that professional is properly trained to be helpful to you. To the extent possible, we will keep you informed about when we are away from the office and when we will return.**

*I have read and discussed the above issues with my therapist*

**Client Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Counselor Signature** \_\_\_\_\_

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## Fee and Payment Agreement

### For Counseling and Psychotherapy Services

**Client's Name and Address:**

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**Providers Name:**

Dr Janell R Hart

*Welcome to J Hart & Associates mental health services. Our goal is to provide you with quality mental health care. Your informed participation and your understanding of payment arrangements are essential to our effort to help you, as well as to your effort to benefit from our time together. The following statements describe our agreement regarding the services that we will provide you and the fees that our office charges for our time and services.*

### **Services**

Your counselor will be **Dr. Janell R. Hart.**

You and your counselor will meet \_\_\_\_ time per (week/month) for a session that will last between 45 and 50 minutes. The scheduled time is your time to use to the best advantage. At your discretion, and with the agreement of your counselor, the counselor will meet with you alone, or with you and your spouse, or the other party, together. If you are unable to attend, you may cancel with 24 hours' notice. If you must be late or you are unable to cancel in time, the scheduled time will still be your time and your responsibility.

This agreement for services will remain effective until ended by agreement between you and your counselor. If you have missed 2 consecutive visits, your counselor will accept that as your notice that you wish to terminate this agreement and discontinue counseling with our office.

### **Payment for your Counseling**

Our customary fee for counseling and psychotherapy is \$135.00 per hr. That fee will be charged for each visit. Whether you are seen alone or with other family members, your fee will be the same for each session.

Our office is happy to accept insurance assignment and to file insurance claims to receive payment for our time if we have a contract with your insurance or third party payer, In that case, our officer will file claims according to the contracted terms with your insurance. Your co-pay of \$\_\_\_\_ is due at the time of your visit. If there is a problem collecting payment from your insurance or managed care company for the balance, you remain responsible for payment within six weeks of any counseling session, we will bill you directly for past and for ongoing visits at the customary fee noted in the paragraph above, If your carrier does not pay, you will be responsible and failure to pay may necessitate a referral to another provider.

### **Other Fees**

There are other fees that may become necessary. If you must cancel a scheduled appointment, please let us know as soon as possible. If you must miss a scheduled appointment and you are unable to cancel at least 24 hours ahead of time, our office charges \$75 for missed appointments. Unfortunately, your insurance company does not pay claims for missed visits, so you will have to pay that fee yourself before your next session.

After hours telephone calls may be accepted. There is no charge for a phone call that lasts ten minutes or less. For telephone consultations that require more than ten minutes, our office charges \$25.00 for each fifteen minute increment or any part of a fifteen-minute increment. Both of these fees are due and payable when they are incurred, but must be paid by the time of your next scheduled visit; insurance does not ordinarily pay for telephone consultations. There may be times when you want your counselor to read documents that will help with understanding you. If reading such documents requires extensive time, your counselor will bill you for that time, fees that your insurance company will not pay,

Other charges may apply. If you, or someone else, (for example, another counselor, educational facility or your lawyer), need a cop of your file or of other records that may be legally necessary, our office charges \$.25 per page for copying, plus postage, If our office is required to provide a verbal report, for example, by telephone to your physician, a ten minute consultation will not be charged. If the consultation exceeds ten minutes, our office charges \$100.00 per hour; that fee is billed in fifteen-minute increments for each quarter hour or part of a quarter hour, If our office must produce a written report, the same fee will be billed for the time spent reviewing your file and drafting and publishing the report. Our office also charges a \$30.00 fee for checks that are returned unpaid for any reason.

**I have read the service and fee agreement. I understand it, and agree to the terms described.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

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