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WELCOME! This form has a number of purposes. It tells you little of what to expect out of therapy. It also tells you about my professional services and business practices. Lastly, it explains your privacy rights outlined by HIPAA. The Health Insurance Portability and Accountability Act regulates the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment and health care operations. The law requires that I obtain your signature acknowledging that I have provided you with this information. Please let me know if you have concerns about any of these policies.

ABOUT THERAPY: Your first visit will help me get a general understanding of your situation in order to determine how I might best help you. Psychotherapy is a way of talking through your problems in order to begin resolving them. You will need to take an active part in psychotherapy by working on and thinking about the things you talk with me about. Psychotherapy has been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems and feeling much less distressed. Many times you will feel more at peace and having a sense of calm and control over your situation.

However, the process of therapy can take many turns. Since therapy often involves discussing difficult experiences and feelings, there may be times after a session that emotions like sadness, guilt, anger, frustration arise. There may be times you may think you do not want to continue to come in. These feelings are very normal and understandable. Please don't think this signals that therapy is not working and perhaps you should stop coming. Instead, let me know what you are feeling so we can discuss these issues. Since therapy involves a large commitment of time, energy and money, it is important that you feel comfortable addressing your concerns with me so that we can work through these issues and feelings. Not every therapist can meet the needs of every client. If you feel uncomfortable or feel like you are not making progress, we need to discuss this and I won't take it personally. I may not be the right therapist for you and will be happy to help you with referrals to another mental health professional who might meet your needs.

APPOINTMENTS: Individual and family sessions last usually 55-60 minutes. *If you cancel an appointment, notify me at least 24 hours before the session, or you will be charged the full hourly fee for the time you reserved for the appointment. Insurance does not pay charges for reserved time; you will personally be responsible for any such charges.* However, in case of an emergency if you call in advance to cancel an appointment, there will be no charge.

Due to my work schedule, I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voicemail, which 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. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

FEES, HEALTH INSURANCE AND MANAGED CARE: My hourly fee for a diagnostic interview (evaluation) is \$225 and my hourly fee for individual, marital or family therapy is \$175 for a 55-60 minute session. In addition to weekly appointments, I charge this amount for other professional services you may

need, though I will pro rate the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries and time spent performing any other service you may request of me. With regard to court hearings I will not voluntarily testify on your behalf and if summoned, my hourly rate for legal preparation, personal consultation, transportation and related expenses as well as testifying is \$300.

If there is a financial hardship, please let me know so that we may work out your concerns and reach some agreement as to how I will be paid for my services.

Most group health insurance plans cover *part* of my fee. I will provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payments of my fees. Therefore, you are responsible for contacting your insurance company to obtain authorization before service is provided, if required by your insurance. Please understand that if you do not pre-certify treatment or obtain required referrals, you may cause a reduction in benefits payable and you will be liable for the loss or reduction in benefits.

There may be two kinds of noninsured costs to you: (1) a deductible, which is an amount you must pay before your insurance coverage begins to pay; and (2) many plans also have a co-payment, which is a portion of the fee for each visit that you must pay yourself. **It is the client's responsibility to pay this co-pay or the established fee to go towards the deductible at the time of service.** I have contracted with some insurance companies to accept less than my standard fee as payment in full. If this is the case, your account balance will be adjusted when I receive payment from the insurance company. However, if the insurance pays less than 100% of the contracted fee, you will owe the balance of the fee up to 100% of the contracted fee. Many insurance plans are managed care plans. Under managed care plans, the insurance company may periodically require that I submit your diagnosis, progress and treatment plan to their reviewer, who then determines if further treatment is medically necessary. If you have a managed care insurance plan, this information will be released to the reviewers. Any diagnosis made by any clinician can be used to determine future eligibility for insurance coverage. This information may become part of the insurance company's files and is beyond my control of how they keep such information confidential. If you are concerned about the diagnosis, please feel free to discuss this with me.

For problems involving payments and insurance, please contact JMT Billing Services, Inc., at 815-235-2353 or at www.jmtbilling.com. If an account is overdue and no provision for payment has been made, I may turn the account over to a collection agency or small claims court, as authorized by state or federal law, and failure to pay will show up on a client's credit history. The client is responsible for all fees and costs involved in pursuing such action.

EMERGENCIES: You are expected to be responsible for your own well-being and be able to function autonomously between sessions. If you are experiencing a crisis, please understand that I will make every effort to return your phone call as soon as possible. However, if the matter is urgent and an emergency, please contact your family physician or go to the nearest hospital emergency room or dial 911 regardless if you are waiting for me to return your call.

If you need mental health services beyond the scope of a traditional session, as a therapist in private practice I cannot meet your needs as hospital or mental health centers are able and will make need an appropriate referral. Understand that I would require you to contact your medical doctor or go to a hospital emergency room if a psychiatric emergency should arise.

CONFIDENTIALITY AND FILES

The laws governing confidentiality can be quite complex. You should be aware that, pursuant to HIPAA, I may keep Protected Health Information about you in two sets of professional records. One set constitutes your clinical record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical, social and treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. In addition, I may also keep a set of therapy notes. These notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of therapy notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations and how they impact your therapy. They also con-

tain particularly sensitive information that you may reveal to me that is not required to be included in your clinical record. These therapy notes are kept separate from your clinical record. While insurance companies can request and receive a copy of your clinical record, they cannot receive a copy of your therapy notes without your authorization. Insurance companies cannot require your authorization as a condition of coverage or penalize you in any way for your refusal. You may examine and/or receive a copy of both set of records, if you request it in writing. Because these are professional records, they can be misinterpreted. For this reason, I recommend that you initially review them in my presence or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, I charge a nominal fee of \$1.00 per page for printing.

I practice with other mental health professionals and also employ secretarial/billing resources. In most cases, I need to share information with them for purposes such as billing, scheduling and quality assurance. Also, I consult with other counselors in my office concerning clients. Please let me know if you would prefer that other counselors not be consulted about your case. All of the counselors are bound by the same rules of confidentiality, and all secretarial/billing specialists resources have training in privacy rules and have agreed not to release any information outside of this office without your written consent.

I may occasionally find it helpful to consult other health and mental health professionals about a case. During consultations, I make every effort to avoid revealing the identity of patients. The other professionals are also legally bound to keep the information confidential. I will note all consultations in your Clinical Record.

I may find it helpful to share information with your primary care physician or other health and mental health professionals who are currently treating you and will request you sign a Release of Information in order to do so. A record of these disclosures will be kept in your Clinical Record.

I use collection agencies, and accountant and technical support service for my billing. As required by HIPAA, these businesses have signed contracts with me in which they promise to maintain the confidentiality of protected health information except as specifically allowed in the contract or otherwise required by law. If you wish, I can provide you with the names of these organizations and a blank copy of the contract.

There are some situations where I am permitted or required to use or disclose information without either your consent or authorization:

- If a client is clearly likely to seriously harm him/herself, I am required to take action to prevent self-destruction.
- If there is a clear risk that a client plans to seriously harm another person, I may have a duty to warn the potential victim; or disclose the risk to appropriate public authorities.
- If I suspect that abuse of a child or senior citizen may have taken place, I am required to report the suspected abuse to the Department of Child and Family Services.
- If the client is a minor under the age of 12, both parents have access to the minor client's complete Clinical Record, including Psychotherapy Notes, unless there is a court order prohibiting one of the parents from access.
- If you are involved in a court proceeding and a request is made for information concerning your evaluation, diagnosis or treatment, such information is protected by the psychologist-client privilege law. I cannot provide any information without your (or your personal or legal representative's) written authorization. However, if a court orders me to disclose information, I am required to provide it. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency (such as Medicare) is requesting information for health oversight activities, I may be required to provide it for them.
- If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If a client files a worker's compensation claim, the client must sign an authorization so that I may release the information, records or reports relevant to the claim.
- I may present disguised case material in seminars, classes or scientific writings; in this situation, all identifying information and Protected Health Information is removed, and client confidentiality and anonymity is maintained.

Your health insurance plan has the right to review your Clinical Records for any services you have asked them to pay for. Unless your treatment is being paid for by a Workers Compensation plan, a health insurance company is *not* entitled to see Psychotherapy Notes, which are detailed notes I may make concerning what you have talked about in therapy. However, they *are* entitled to see other Protected Health Information in your clinical record, including information about dates of therapy, symptoms, your diagnosis, your overall progress towards those goals, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records and any reports that have been sent to anyone, including reports to your insurance carrier.

Also in regards to confidentiality it is important to have an understanding of how I may reach you outside of our scheduled appointment times. Please make sure you complete the information on the Intake Form that let's me know how I may best contact you.

INFORMED CONSENT REGARDING ELECTRONIC AND TELECOMMUNICATIONS

It is important for you to understand that I cannot ensure the confidentiality of any form of communication through electronic media, including e-mails and text messages. You are also advised that any email sent to me via computer in your work-place environment is legally accessible by an employer. We are able to communicate via texting and email messaging for the purposes of scheduling and cancellations as long as you understand the potential limits to privacy as Texting and Emailing are not totally secure. While my Smart Phone has a privacy lock on it, it is difficult to ensure it is fully protected in regards to texting, emails and voicemails. In addition, I will store your number and identify you only by your first name and last initial in my Contacts which gives limited identity protection. There is also a privacy lock on my computer but that does not full guarantee privacy protection in regards to client e-mails and other data. While I try to return messages in a timely manner, I cannot guarantee an immediate response and request that you do not use these methods of communication (texting and e-mails) to discuss therapeutic content or request assistance for crisis/emergencies in this way.

I am also ethically and legally obligated to maintain records of each time we meet, talk on the phone or correspond via electronic communication such as email, voicemail or text messaging. These records include a brief synopsis of the conversation along with any observations or plans for the next meeting.

SOCIAL MEDIA AND INTERNET SEARCHES

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn...). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.

While my present or potential clients might conduct online searches about my practice and/or me, I do not search for my clients with Google, Facebook or other search engines, unless there is a clinical need to do so, as in the case of a crisis or to ensure your physical wellbeing. If clients ask me to conduct such searches or review their websites or profiles and I deem that it might be helpful, I will consider it on a case by case basis and only after discussing possible impacts to our relationship and privacy.

MINOR AND PARENTS: Clients under 12 years of age and their parents should be aware that the law allows parents to examine their child's treatment records. Parents of children between 12 and 18 cannot examine their child's treatment records unless the child consents and I find that there are no compelling reasons for denying access. Parents are entitled to information concerning their child's current physical and mental condition, diagnosis, treatment needs, services provided and services needed. Since parental involvement is often crucial to successful treatment, in most cases, I require clients between 12 and 18 years of age and their parents to enter into an agreement that allows parents access to certain treatment information. If everyone agrees, I will provide parents with general information about the progress of their child's treatment. Any other communication will require the child's authorization, unless I believe the child is in danger or is a danger to someone else. Before giving parents any information, I will discuss this matter with the child, if possible and do my best to handle any objections he or she may have.