



Center for Personal Growth

Owner: Erin M Liebich, Psy.D

Carol Stream, IL 60188

(630) 791-0118 erinpsyd@yahoo.com Fax (630) 708-7654

Client Services Agreement

Welcome to the Center for Personal Growth! This document contains important information about our clinical services and business policies. Please review all the following information carefully as it will represent an agreement between us. You may revoke this agreement in writing at any time. That revocation will be binding on us unless we have taken action in reliance on it, such as:

- (1) if there are obligations imposed on us by your health insurer in order to process claims made under your policy, or
- (2) if you have not satisfied any financial obligation you have incurred.

Please read and initial all of the following sections:

Psychological Services

Assessment and therapeutic services are not easily described in general statements. They vary based upon the client, the provider, and the challenges for which you are seeking services. Psychological services can have benefits and risks. Since they often involve discussing unpleasant aspects of your life, you may experience uncomfortable feelings of sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, they also have many benefits. Assessment can clarify the origin and nature of one's difficulties and provide valuable treatment recommendations. Therapy can lead to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Psychological outcomes cannot be guaranteed, but we welcome your input to provide the best possible services for each individual.

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Professional Fees

Fees for professional clinical services **per 45-60 minute** unit at the *Center for Personal Growth* are as follows: **Dr. Erin M. Liebich PsyD, LP:**

Dr. Danielle Tipping, PsyD And Dr. Christy McElroy, PsyD (*Billing Provider is Erin Liebich, PsyD., LP*)

Intake Session (diagnostic interview)	\$175.00
Individual Psychotherapy	\$125.00-\$175.00 (<i>45minutes-1hour</i>)
Family/Couples Therapy	\$125.00
Neuropsychological Testing	\$225.00 (<i>per unit</i>)
Psychological Testing	\$225.00 (<i>per unit</i>)
Crisis Intervention	\$175.00
Court Appearances	\$300.00
Case Management	\$40.00
*Interactive Complexity Add-on	\$16.00

Self-Pay / Lower-Fee Necessary based on income level (approved by Dr. Erin Liebich)

Solo Master's-level Interns or Pre-Doctoral externs supervised by Dr. Liebich:



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Intake Session (diagnostic interview)	<i>Sliding Scale</i>
Individual Therapy (53+ mins)	\$25.00
Family/Couples Therapy	\$25.00
Neuropsychological Testing	\$50.00/hr
Psychological Testing	\$50.00/hr
*Interactive Complexity Add-on	\$16.00
Feedback Session	<i>Sliding Scale</i>

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**The use of play therapy materials, communication devices, or a medical interpreter.*

Insurance, Billing and Payments

Your health insurance may provide coverage for mental health treatment. You are **granting permission** for our office to release your information to your insurance company to submit claims and other requested information on your behalf. Please be aware that you are ultimately responsible for payment of any fees. Also, please note that we will only bill your primary insurance policy. If your primary policy automatically forwards the claims to any secondary or supplemental insurance policy, we will hold the invoice for payment by that company. However, Center for Personal Growth will not be forwarding any claims to your secondary policy. Client will be responsible for these payments and will be given receipts to submit to their secondary policies for re-imbusement. It is highly recommended that you be proactive and call your insurance company’s customer service department at the toll-free phone number listed on your insurance card to find out exactly what your particular insurance plan covers for mental health treatment. Some insurance plans require prior authorization of mental health services and may limit the number of sessions that will be covered per authorization or per calendar year. We will work with you and your insurance carrier to obtain authorizations when necessary.

Payment will be collected at each visit for any copays, coinsurance, or deductible amounts as determined by your insurance plan. In the event that you have an unpaid balance, you will be given 30 days to pay your invoice unless an alternative payment plan has been pre-approved by your provider. If a balance remains unpaid for more than 30 days, your future appointments may be cancelled by your provider until your balance is paid in full. Balances that remain unpaid for more than 60 days may be reported to collections for resolution. The collection agency that our practice uses is called AMYFIN Collection Agency and Recovery.

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Estimated amount for 20% Coinsurance (We calculate Accordingly based on your coinsurance percentage)

Intake/Initial Therapy Session	\$30.00
Individual Therapy (33+mins)	\$20.00
Family/Couples Therapy	\$20.00
Individual Therapy (53+ mins)	\$30.00
Neuropsychological Testing	\$16.00/unit
Psychological Testing	\$16.00/unit

If you have a high deductible, payment is expected at time of service. Your responsibility will be equivalent to the highest allowable amount for the services provided by all major insurance companies. In the event that your insurance company allows a lower amount, you will be offered a refund of the difference or a credit to your account. In the event that your insurance company allows a higher amount, you will be asked to pay the difference before your next appointment

Estimated amount for High Deductible (If you have not yet your yearly deductible)

Intake/Initial Therapy Session	\$175.00
Individual Therapy (33+mins)	\$125.00
Family/Couples Therapy	\$125.00
Individual Therapy (53+ mins)	\$150.00
Neuropsychological Testing	\$80.00/unit
Psychological Testing	\$80.00/unit

If you do not have insurance coverage for mental health treatment, payment for the full session rate will be collected at each visit. Please notify us if you need to arrange a payment plan or to request a fee adjustment due to financial hardship. **Any account balances remaining unpaid for more than 30 days without an approved payment agreement on-file will be considered delinquent.** In the event of account delinquency, we have the option of using legal means to secure payment. This may involve a collection agency or other legal action, which would then require us to disclose otherwise confidential information. Collection Agency: **AMYFIN Collection Agency and Recovery**

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Releasing Psychological and Neuropsychological Reports

All psychological and neuropsychological reports written by any provider in this office will be held for release until the entire balance of the assessment services has been paid. This included any client responsibility for copays, coinsurance, and deductibles. It also includes waiting for your insurance to settle the claims. In the event that the report is needed for a medical emergency prior to the balance being paid, a payment plan with a credit card on file must be approved by the office manager and your provider.

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Cancellations, Missed Appointments, and Termination of Services

Our scheduled time together is valuable to our clinicians and reserved for you, for however you want to use it. If you need to cancel or reschedule an appointment, please be sure to give *at least 24 hours of advance notice*. Each cancellation or missed appointment without 24-hour advance notice will be billed the **total allowed cost for the session** based upon prior insurance allowances or payment arrangements. **This fee is not billable to your insurance carrier.**

In the event that you have **3 missed or cancelled appointments over a 6 month period** we will **terminate your services**. You will receive a verbal and written notification, to your preferred mailing address. You will still have access to emergency clinical services at the Center for Personal Growth for 30 days after receiving a termination-of-services letter to assist you in transitioning to a new mental health

provider of your choice. Termination of services with one provider at the Center for Personal Growth will be applicable for services with all other providers affiliated with the Center for Personal Growth unless a new service agreement is made.

Termination of services will also occur in the event of account delinquency greater than 60 days as described in the Insurance, Billing, and Payments section of this document. Termination for account delinquency will follow the same notification procedure and access to care provisions specified for termination due to consecutive missed appointments without 24-hour advanced notice.

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Reserving a Reoccurring Appointment

Regularly scheduled weekly or bi-weekly appointments can be reserved by clients to ensure that they are given priority in a provider's schedule. In order to do this a client must leave a credit card on file, which will be charged within 48 hours for any late cancellations or missed appointments per the explanation above. You will receive a text message notifying you before the charge is made. Choosing to reserve a re-occurring appointment is the only way to guarantee that a client will be seen on a regular basis, particularly during peak hours (4-8pm Monday through Friday, and 9-3pm Saturdays). Your credit card information will be stored securely and you will receive email confirmations of any changes that are incurred. Please contact the office manager to secure recurring appointment times.

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Contacting Your Clinician

Due to the timing of our sessions, we are not always personally available by phone. When we are in session with a client(s), all calls are answered by the office manager or our secure voicemail. Every effort will be made to return your call within 24 hours, with the exception of weekends and holidays. If you are in an emergency situation and cannot reach us, please contact 9-1-1 or go to the nearest emergency room. If your clinician will be away for an extended length of time, you will be provided with a colleague's contact information if necessary. Phone calls will be limited to emergency situations, consultations with schools, other medical providers, and family, or brief clinical concerns. In the event that phone calls or emails become excessive or are taking the place of regularly scheduled appointments, your provider may need to limit phone privileges or begin charging for phone calls and emails. Please note that most insurance companies will not reimburse for non-emergency phone sessions and do not reimburse at all for email correspondence.

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Services to Children and Adolescents (for parents of client)

Assessment and therapy are most effective when "a zone of privacy" exists between the client and the therapist. Children and adolescents need to feel free to express problems with the trust that these details will not be shared outside of the therapy room. In Illinois, adolescents ages 12 years and older have the right to revoke or restrict parental access to medical records. At Center for Personal Growth, we ask that all parents agree not to request access to their child's private session records to ensure that the therapist

and child is able to establish a trusting relationship. In return, your provider agrees to discuss with you any relevant information that would ensure your child's safety and promote his/her therapeutic goals.

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Email, Text, and Social Media

Center for Personal Growth uses email communication and text messaging only with your permission and only for administrative purposes unless you have made another agreement with your provider. That means that email exchanges and text messages with this office should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email or text about clinical matters because email and text are not secure methods of contact. If you need to discuss a clinical matter, please feel free to call and leave a message for your provider so you can discuss it on the phone or wait so you can discuss it during your therapy session. The telephone or face-to-face context simply is much more secure as a mode of communication.

Providers and office staff at Center for Personal Growth do not communicate with, or contact, any clients through social media platforms like Twitter and Facebook. In addition, if we discover that we have accidentally established an online relationship with you, we will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you.

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CLIENT Name PRINT

Date of Birth

Your signature below indicates that you have read this agreement and agree to abide by its terms during our professional relationship.

Responsible Party Signature (Legal Guardian)

Date

Responsible Party Name PRINT