

## **INFORMED CONSENT**

Welcome to Stenzel Clinical Services, Ltd! We would like you to have a clear understanding of the services we provide and our expectations of you, our client. Please read the following information so that you can knowledgeably sign the Informed Consent. If you have questions or need clarification, please ask your therapist for assistance before you sign.

### **Services Offered**

Stenzel Clinical Services, Ltd, provides outpatient counseling services. We work with all age groups. Licensed practitioners provide individual, group, couple and family counseling, as well as case coordination. Psychiatric services can be arranged through a referral by the therapist. Sessions are 50 minutes in length.

We strive to return all messages as quickly as possible Monday through Friday. Routine messages left on the weekend may be returned Monday. We do not guarantee 24 hour crisis coverage and if your therapist is not available when you feel you are in crisis, please call the DuPage Crisis line at 630-627-1700, proceed to your local hospital emergency room, or call 911.

### **Initial Assessment and Counseling Process**

Initial assessments take place at the first appointment. These appointments are used to gather data, complete intake information, and to determine the best course of care.

If ongoing counseling is recommended, we will diligently work to provide the best therapeutic methods and tools available. For counseling to be successful, your commitment to the process is absolutely essential. This includes regular attendance and active participation, homework between sessions to enhance or speed your growth, and completion of the process through planned termination of counseling services. You may begin to find some relief of symptoms initially, and it may be tempting to terminate. However, this initial relief is often temporary if counseling is stopped abruptly. Because all therapists want to see you have the greatest growth possible during the time you are here, we will work with you to plan a successful wrap-up. This is an important part of the counseling process, and we highly encourage you to honor your own effort by not neglecting this phase.

### **Fees**

Initial assessments are \$140. Individual sessions are \$115 and family sessions are \$125 per 50 minute session. Group therapy is \$65 per session. Telephone consultation less than 10 minutes is complimentary if not overused. Phone consultation 11-30 minutes is billed at \$25. Insurance companies will not cover these consultation fees.

Initial \_\_\_\_\_

If a check is returned for insufficient funds, the client is responsible for any bank fees assessed, and an alternate method of payment is required.

**Insurance**

We bill most insurance companies as a courtesy to you. If we are not able to work with your insurance company, we will request payment in full and provide you the necessary information to submit your claim. **The first session must be paid in full until benefits, deductibles, and co-pays are verified by your insurance company.** If benefits have already been verified, you will find this information on the attached Benefits Inquiry sheet. **All expected out-of-pocket patient expenses (deductibles, copays, or coinsurance) are due at the time of service.**

**Cancelled or Missed Appointments**

Due to the nature of counseling services, we never overbook our schedules; therefore we request 24-hour notification of cancellation so that others may utilize that time. We also realize financial accountability enhances your commitment to your counseling work. As a result, we charge a **\$80 cancellation fee** when we do not receive this notice. *Insurance companies will not cover missed appointments.* Full payment for the missed session is due within one week. Please note that 2 or more instances of missed appointments without notifying your therapist may result in termination of services. In the event of in-climate weather prohibiting travel to the office, a phone session will be offered (a parent consult for young children) if clinically appropriate.

**Confidentiality**

Legal and ethical standards require us to maintain confidentiality. Information cannot be divulged without your written consent. There are two major exceptions: if you are or become a danger to yourself or others. In addition, we are mandated by the State of Illinois to report any real or alleged abuse to children, elderly, or incapacitated people. Also, by law we cannot ignore a properly issued subpoena accompanied by a court order to produce records.

**Agreement**

I have read and understand the above statement on services, policies, and procedures. My signature below indicates that I give my full consent to receive services at Stenzel Clinical Services, Ltd.

Client (age 17 and over) \_\_\_\_\_ Date \_\_\_\_\_

Client (age 12-16) \_\_\_\_\_ Date \_\_\_\_\_

Client (under age 12) \_\_\_\_\_ Date \_\_\_\_\_

Client guardian (for minors) \_\_\_\_\_ Date \_\_\_\_\_