



## **Provider-Patient service agreement for all clinical staff**

Welcome to Behavioral Psychology Associates (BPA). This document contains important information about our professional services and business policies. Please read this form carefully and jot down any questions you might have so that you can discuss them with your clinician at your next meeting. When you sign this document, it will represent an agreement between you and BPA.

### **Meetings**

Clinicians at BPA with the exception of psychiatrists usually schedule one appointment hour of 45 minutes duration per week, although sessions may vary in length and frequency. Please be aware you would be responsible for remembering the date and time of your future appointments. You would receive an email confirmation, if you choose to provide us with your email, but ultimately it is your responsibility to remember the date and time of your scheduled appointment.

Once an appointment hour is scheduled, you would be charged a late fee following the second missed appointment unless you provide 24 hours advance notice of cancellation. If you miss or cancel an appointment due to extenuating circumstances, please call BPA as soon as possible to request a waiver.

### **Our Services**

The professional staff at Behavioral Psychology Associates offers a range of services including Individual, couples, family, and group therapy; psychological testing; academic coaching; and psychiatric services.

Please note the clinicians affiliated with BPA, i.e., psychologists, psychiatrists, licensed clinical professional counselors, licensed clinical social workers, etc., are typically independent contractors and not employees. Feel free to ask about the employment status of the clinician assigned to your case.

### **Helpful Tips when Scheduling Appointments:**

- To schedule an in-person or Telehealth appointment please call 847.303.1880 x “0.”
- Check in with the front desk when you arrive for an in-person appointment.
- After each appointment, your clinician would let you know when they would like to see you again.
- BPA does not guarantee after school, evening, or Saturday appointments. We are aware that work, school, and extracurricular activities can be difficult to schedule around, and would do our best to accommodate your scheduling needs.
- Please be on time be on time for in-person and Telehealth appointments. A late arrival may result in a request for you to reschedule your appointment. The full allotment of time for your appointment is necessary for adequate assessment and continuation of care. Members of our professional staff are often unable to extend the time allotted due to lateness as this would impact other patient’s appointment times.

- Our clinicians schedules fill up very quickly, so we recommend that you schedule your follow-up appointment when you check out.
- Please be aware that failure to follow-up with a member of our professional staff after a six month period will automatically result in your case being closed and will require a re-evaluation, if you choose to begin services again.

### **BUSINESS HOURS**

Our main business hours, in which you can reach the front desk are listed below. However, please note that members of our professional staff often extend their hours beyond these times.

Monday – Thursday: 9:00am-6:00pm

Friday & Saturday: 9:00am-2:00pm

To schedule appointment please call 847.303.1880 x “0.”

### **Contacting clinicians**

**If you experience an emergency that requires immediate attention, please contact 911 or go to the nearest emergency room.**

Phone messages left directly with your BPA clinician would typically be returned within 24 hours if the call occurs on a day they are in the office. Clinicians try their best to return calls on the same day they are made, with the exception of holidays, vacation days, and other days off.

If your clinician **plans to be** out of the office for an extended period of time, our office would do our best to provide you with the name of a trusted colleague to contact, if necessary or requested.

Requests for letters or forms are presented to your clinician and must be approved by them before completion. A “report writing” fee may apply. If you have an outstanding balance, it may need to be paid prior to the release of the letter/form. Forms and letters do require processing time, so please be patient. We would do everything we can to try and honor deadlines, but they cannot be guaranteed if proper notice is not given.

### **Confidentiality (for Adult Patients)**

In general, communications between a patient and practitioner are considered to be private and protected by law; your clinician would only be allowed to disclose information about your work to others with your written permission.

For *additional information on exceptions to confidentiality and privacy, please refer to BPA’s Notice of Privacy Practices on our website: [www.behavioralpsych.com](http://www.behavioralpsych.com)*

### **Authorizations and agreement**

It is important that you discuss with your clinician any questions or concerns that you may have about confidentiality and privacy at your next meeting. Your clinician would be happy to discuss these issues with you and provide clarification when possible. However, if you need specific clarification or advice your clinician is unable to provide, formal legal advice may be needed, as the laws governing confidentiality are quite complex and your clinician is not an attorney. Your signature below indicates that you have read the information in this document and agree to abide by its terms during your professional relationship with a member of BPA’s clinical team.

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## **ADDENDUM FOR CHILD/ADOLESCENT PATIENT**

### MINORS

#### **Mandatory Disclosures of Treatment Information**

In some situations, your clinician is required by law or by the guidelines of their profession to disclose information, whether or not they have your or your child's authorization.

Confidentiality cannot be maintained when:

- Child patients tell their clinician they plan to cause serious harm or death to themselves, and the clinician believes the minor has the intent and ability to carry out this threat in the very near future. The clinician must take steps to inform a parent or guardian or others of what the child has told them and how serious they believe this threat to be and to try to prevent the occurrence of such harm.
- Child patients tell their clinician they plan to cause serious harm or death to someone else, and the clinician believes the minor has the intent and ability to carry out this threat in the very near future. In this situation, the clinician must inform a parent or guardian or others, and may be required to inform the person who is the target of the threatened harm and the police.
- Child patients are doing things that could cause serious harm to them or someone else, even if they do not intend to harm themselves or another person. In these situations, the clinician will need to use their professional judgment to decide whether a parent or guardian should be informed.
- Child patients tell their clinician, or the clinician otherwise learns it is possible a child is being neglected or abused (physically, sexually or emotionally) or that it appears they have been neglected or abused in the past. In this situation, the clinician may be required by law to report the alleged abuse DCFS.
- Your clinician is ordered by a court to disclose information.

#### **Disclosure of Minor's Treatment Information to Parents**

Therapy is most effective when a trusting relationship exists between the clinician and the patient. Privacy is especially important in earning and keeping that trust. As a result, it is important for children to have a "zone of privacy" where children feel free to discuss personal matters without fear that their thoughts and feelings will be immediately communicated to their parents. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy.

It is our policy to provide you with general information about your child's treatment, but NOT to share specific information your child has disclosed to the clinician without your child's agreement. This includes activities and behavior that you would not approve of — or might be upset by — but that do not put your child at risk of serious and immediate harm. However, if your child's risk-taking behavior becomes more serious, then the clinician would need to use their professional judgment to decide whether your child is in serious and immediate danger of harm. If the clinician feels that your child is in such danger, The therapist would communicate this information to you.

Even when you and the clinician have agreed to keep your child's treatment information confidential from you, the therapist may believe that it is important for you to know about a particular situation that is going on in your child's life. In these situations, the clinician will encourage your child to tell you, and help your child find the best way to do so. This could include having the clinician disclose the information to you.

### **Disclosure of Minor's Treatment Records to Parents**

Although the laws of Illinois and/or a Court Order may give parents the right to see any written records the clinician keeps about a child's treatment, by signing this document, you are agreeing that your child or teen should have a "zone of privacy" in their meetings with their clinician, and you agree not to request access to your child's written treatment records.

*Please refer to BPA's Notice of Privacy Practices on our website: [www.behavioralpsych.com](http://www.behavioralpsych.com) for additional information.*

### **Parent/Guardian Agreement Not to Use Minor's Therapy Information/Records in Custody Litigation**

When a family is in conflict, particularly a conflict due to parental separation or divorce, it is very difficult for everyone, particularly for children. Although the responsibility of the clinician to your child may require helping to address conflicts between the child's parents, the clinician's role will be strictly limited to implementing treatment recommendations that benefit your child. You agree that in any child custody/visitation proceedings, neither of you will seek to subpoena the child's treatment record or ask the clinician to testify in court, whether in person or by affidavit, or to provide letters or documentation expressing the clinician's opinion about parental fitness or custody/visitation arrangements.

Please note that your agreement may not prevent a judge from requiring the clinician's testimony, even though the clinician will not do so unless legally compelled. If the clinician is required to testify, the clinician would be ethically bound not to give their opinion about either parent's custody, visitation suitability, or fitness. If the court appoints a custody evaluator, guardian *ad litem*, child rep, or parenting coordinator, and appropriate authorizations are signed or a court order is provided, your clinician would provide information as needed. However, your clinician would not make any recommendation about the final decision(s). Furthermore, if the clinician is required to appear as a witness or to otherwise perform work related to any legal matter, the party responsible for the clinician's participation agrees to reimburse the clinician at the rate of \$400 per hour for time spent traveling, speaking with attorneys, reviewing, and preparing documents, testifying, being in attendance, and any other case-related costs. A fee of \$1200 (three hours) is often required in advance of the work.

*For additional information, please refer to BPA's Notice of Privacy Practices on our website: [www.behavioralpsych.com](http://www.behavioralpsych.com)*

**Parent/Guardian of Minor Patient**

Please initial after each line and sign below, indicating your agreement to respect your child's privacy:

I understand that I will refrain from requesting detailed information about individual therapy sessions with my child.

I understand that I will be provided with updates about general progress, and/or will likely be asked to participate in therapy sessions.

\_\_\_\_\_

Although I may have the legal right to request written records/session notes since my child is a minor, I agree NOT to request these records in order to respect the confidentiality of my child's/adolescent's treatment.

\_\_\_\_\_

I understand that I will be informed about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the clinician's professional judgment, unless otherwise noted above.

\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_