



Phone: (630) 217-9911
2132 Deep Water Ln, #240
Naperville, IL 60564
Fax: (630) 596-8636
www.greenpathclinic.com

GreenPath Clinic Counseling Agreement and Policies

Welcome to GreenPath Clinic! This document contains important information about our professional services and business policies. We are proud and pleased that you selected us to provide health care services for you or your family. We provide counseling and chiropractic services to individuals regardless of race, color, creed, handicap, socioeconomic status and/or sexual orientation.

Policies and General Information

Appointments

When psychotherapy is initiated, you usually schedule 45-50 minute sessions. Once your appointment is scheduled, you will be expected to pay for it, unless you provide 24 hours advance notice of cancellation. Missed appointments are not a billable service to insurance companies. Missed appointments or late cancellations (less than 24-hour notice) will be charged to your designated credit card.

Contacting Your Therapist

In the event of an emergency, please call 911 or go to your nearest emergency room. For non-emergent needs, you may leave a text or voice mail message at the office number. We will return your call as soon as possible, within 24 hours. Please note that our providers do not accept phone calls while with another client or on week-ends or before 9am or 6pm.

Confidentiality

GreenPath Clinic complies with those standards set forth by HIPAA. The information you provide our office is treated confidential. Rare situations require us by law to report, such as suspected abuse to an individual (child and/or adult); harm or threat to self or others. While uncommon, you should be aware of the possible occurrences as well as the protective actions required by the therapist. These actions may include, notifying the potential victim and the police and/or social services, seeking appropriate hospitalization for the client, and/or contacting family

members or others who can help provide assurance of safety and protection.

Any person who is **older than 12 years old** is considered an “adult” in the state of Illinois, having full rights of confidentiality. Parents and other family members cannot inquire our therapists to report to them as to what is discussed in sessions, without written authorization from the child/adolescent in therapy.

Our therapists may occasionally find it helpful to consult about a case with another professional (supervisor/consultant). In these consultations, we avoid revealing your identity. The consultant is also legally bound to keep the information confidential.

Insurance and Client Responsibility

We bill your insurance for services rendered at our office as a courtesy. The client/guardian is ultimately responsible for any outstanding balance for services not covered by their insurance. The filing of insurance claims **does not** relieve the client of financial responsibility. If a claim is rejected/denied, it is the **responsibility of the client** to solve the matter.

Coverage issues or lack thereof can only be **addressed by you with your insurance company**. If your insurance coverage changes, it is your responsibility to inform our office of this amendment.

*Please note: billing processes may include written and/or verbal correspondence to the address(es) and/or phone numbers listed on the Client Information Form. If this information is not acceptable for this type of communication, please discuss this concern with your therapist.

Insurance Authorization for Services (if applicable)

Some insurance companies require advance authorization before they provide reimbursement for mental health services. **It is your responsibility to make sure you are taking the proper steps to obtain reimbursement from your insurer, including keeping track of your authorized visits.** If your insurance company limits the number of sessions you are allowed per calendar year/contract year/lifetime or limits the dollar amount paid out you are expected to maintain documentation, as it is your responsibility if you exceed this number. Our office is not responsible for unauthorized visits or resolving issues with your policy related to termination, changes of your policy or lapses in coverage. Please note that maximum visits or dollar amounts may include all mental health services, not just for those rendered at our office.

Collections

If a client's account has gone **unpaid for 60 days**, this office reserves the right to refer the account to collections and is not obligated to inform the client. This contract serves as information provided to the client.

Court Cases

Our therapists do not become involved in any custody, visitation, or legal disputes.

Credit Card Authorization

This office reserves the right to charge the client's designated credit card for co-pays, coinsurance, and/or deductibles at the time services are rendered, and any other unpaid balances. Accounts not paid within 30 days of the statement date are charged the full amount due, unless payment plan arrangements have been made. This is at the discretion of our business office and your therapist's approval.

Diagnosis as Required for Insurance Billing

Please be aware that most insurance agreements require you to authorize your therapist to provide a clinical diagnosis. This information will become part of the insurance company's file, and, in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential, but our office has no control over what they do with it. You may elect to pay for services directly and avoid the reporting and complexities associated with insurance coverage.

Divorce Situations & Therapy with Children and Teenagers

We regard the adult who initiated treatment on behalf of the child to assume responsibility for all payments, scheduling and session attendance, regardless of divorce decree documentation. As well as we may ask for you to provide a copy of the divorce decree, we expect the parents to work out payment arrangements between themselves. Please do not involve us in any parental disputes related to your child's attendance of therapy.

Fees and Expected Payment

Fees for psychotherapy are expected to be paid at the time services are rendered. Our office sends statements upon request. I accept cash, check and credit cards. There is a \$30.00 service charge for personal checks returned for any reason, plus any bank fees that are also assigned to our company.

You are expected to provide payment **based on the estimated payment information we received from your insurance company.** This information is only an *estimation of benefits*, the insurance company makes the final determination on a submitted claim, and therefore this information is subject to change. Insurance companies quoted benefits **ARE NOT A GUARANTEE OF PAYMENT**. Any payment arrangements, other than payment in full, must be approved in order to keep your account from being considered past due.

Preparation of any letter or report, with time of your therapist being used outside of your contact time in the office, is subject to this office additional fees, not covered by insurance.

Insurance

It is in your best interest to verify the details of your health insurance policy and share this information with our Business Office. As a courtesy, we assist you in verifying your coverage and submit your claims to your insurance company. However, you remain responsible for knowing your insurance benefits.

You also remain personally responsible for deductibles, co payments, co- insurance, non-covered, ineligible, or unauthorized services. We recommend that you verify your coverage prior to or within 24 hours of the first appointment to be sure that your therapist's services are covered.

Medical Records / Report Requests

Preparation of any report as requested by the client or another party representing the client is subject to additional fees. Reasonable efforts are made to provide only the minimal information required. Medical records requests by the client or his/her representative are subject to additional fees, outlined in a separate agreement.

Telephone Calls, Emails, and Sessions and Skype Appointment

Unscheduled telephone calls between the client and therapist exceeding 10 minutes are billed at the rate of **S30.00 per 15-minute increments**. Scheduled telephone Skype sessions are billed at the full fee rates. Insurance companies do not pay for telephone, text, email, or Skype sessions.

Emails and texts are only for scheduling inquiries and requests. Emails and texts related to any discussions of on-going therapy for yourself or your family member are not accepted as an unpaid and obligatory service adjunct to communicating with your therapist outside of your office visits.