



*The Illuminated Mind, PLLC  
4121 Okemos Rd, Ste 15  
Okemos, MI 48864*

## PRACTICE POLICIES & CONSENT FORM

Welcome to The Illuminated Mind, PLLC. This document contains important information about our professional services and business policies. Although this document is long and complex it is very important that you understand the information contained within. We can and should discuss any questions you have about this agreement and/or our business practices at the time of service. **When you sign this document, it will constitute a binding agreement between us.**

### PSYCHOLOGICAL SERVICES

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. The Illuminated Mind, PLLC and your therapist have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. That said, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on the things you and your designated therapist discuss outside of your sessions.

The first 2-4 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, your therapist will be able to offer you some initial impressions of what your work

together might include. At that point, s/he will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable with the therapeutic process. If you have questions about our procedures, you should discuss them with your therapist as they arise.

### APPOINTMENTS

Appointments generally run between 50 - 60 minutes in duration. The time scheduled for your appointment is assigned for you and you alone. If you need to cancel or reschedule a session, we ask that you provide your therapist with a minimum of 24 hours' notice. ***If you fail to give the proper notice or simply do not appear for a scheduled appointment, you will be billed personally for this session (\$75.00).*** It is important to note that insurance companies do not provide reimbursement for missed appointments. This means that you will be held responsible for such fees as described above. We recognize that there are reasonable exceptions to this policy and these will be handled on an individual basis. In addition, you are responsible for coming to your scheduled session on time. If you are late, your appointment will still need to end on time.

### CONTACTING YOUR THERAPIST

Your designated therapist may not always be immediately available by telephone. We do not answer phones when we are with clients or otherwise unavailable. At these times, you may leave a message on our confidential voice mail and your call will be returned within 24 – 48 business hours. Please note that your provider may not respond at all on weekends or holidays. ***If you experience a mental health emergency, please contact CEI CMH Emergency Services at (800) 372-8460 or (517) 346-8460.*** We will make every attempt to inform you in advance of planned absences but may need to cancel same day due to unforeseen circumstances such as illness, inclement weather, etc.

### PROFESSIONAL FEES

The standard fee for the initial intake is \$220.00 and each subsequent session is \$160.00. You are responsible for paying at the time of your session unless prior arrangements have been made.

***Payment may be made by cash, check, or credit card.*** Returned checks will incur a \$25.00 fee and you are responsible for any additional bank fees. If you refuse to pay your debt, we reserve the right to use whatever legal means necessary to collect the balance owed.

In addition to weekly appointments, it is our practice to charge for other professional services that you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings/consultations you have requested, or the time necessary to perform any other service which you may have elected. These additional services will be charged on a prorated hourly basis. **We do not evaluate clients or write letters for emotional support animals.** If you anticipate becoming involved in a court case, we recommend that you discuss this fully with your designated therapist before you waive your right to confidentiality. If your case requires therapist participation, you will be expected to pay for the professional time required and/or any other expenses incurred. The fee for court appearances for The Illuminated Mind, PLLC and/or your individual therapist is \$1200 per day for each day your therapist is required to be out of the office to attend. The full amount is due 72 hours prior to the scheduled court appearance. This amount is non-refundable regardless of whether your therapist is actually called to testify or the amount of time spent in court. Mileage is billed at .56 cents per mile. Failure to provide the specific fees as described constitutes a release from the requested court appearance. All other services related to court appearances such as preparation, correspondence with attorneys, written reports, and document review will be charged on a prorated hourly basis (rounded to the closest quarter hour). The client is ultimately responsible for final payment for any and all court fees. **Please note that we do not testify in custody cases.**

#### INSURANCE

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. With your permission, our billing service and your designated therapist will assist you to the extent possible in filing claims and ascertaining information about your coverage. However, ***you are responsible for knowing your coverage and for notifying us if/when your coverage changes.***

Please be aware that most insurance agreements require the therapist to provide a clinical diagnosis and sometimes additional clinical information such as a treatment plan or summary or, in rare cases, a copy of the entire record. This information will become part of the insurance company records, as allowed by HIPAA guidelines. In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover therapy fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fees charged. Many policies leave a percentage of the fee (which is called co-insurance) or a flat dollar amount (referred to as a co-payment) to be covered by the patient. Either amount is to be paid at the time of the visit by cash or check unless prior arrangements have been made. In addition, some insurance companies also have a deductible, which is an out-of-pocket amount, that must be paid by the patient before the insurance companies are willing to begin paying any amount for services. This will typically mean that you will be responsible to pay for initial sessions with your therapist until your deductible has been met; the deductible amount may also need to be met at the start of each calendar year. Once we have all of the information about your insurance coverage, we will discuss what we can reasonably expect to accomplish with the benefits that are available and what will happen if coverage ends before you feel ready to end your sessions. It is important to remember that you always have the right to pay for services yourself to avoid the problems described above, unless prohibited by insurance provider contract.

If your therapist is not a participating provider for your insurance plan, s/he will supply you with a receipt of payment for services rendered which you can then submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, we will refer you to a colleague.

### PROFESSIONAL RECORDS

The laws and standards of our profession require that we keep treatment records. You are entitled to receive a copy of your records, or your therapist can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, we recommend that you review them in the presence of your designated therapist so that s/he can discuss the contents with you.

## CONFIDENTIALITY

Information discussed in the therapy setting is held confidential and will not be shared without permission except under the following conditions:

- Threat of serious harm to self or others
- Reasonable suspicion of child abuse/neglect or elder abuse
- Court order
- Voluntary release signed by client or guardian
- In defense of a legal action

## RIGHTS & RESPONSIBILITIES

If you are unhappy with what is happening in therapy, we hope you will talk with your therapist so that s/he can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request to be referred to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care without discrimination as to ethnicity, gender, sexual orientation, age, religion, physical limitations, national origin, or source of payment. You have the right to ask questions about any aspect of therapy and about your designated therapist's specific training and experience. You have the right to expect that your therapist will not have inappropriate social or sexual relationships with clients or with former clients.

You also have certain responsibilities in entering this agreement which include the following:

- The responsibility (when it is in your best interest) to sign a release of information
- The responsibility to help develop a plan for treatment
- The responsibility to suggest changes for improvement of services when appropriate
- The responsibility to comply with the provisions of this Treatment Agreement

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read the information in this document, agree to its terms and provide your consent for psychotherapy.

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Signature of Patient or Personal Representative	Date
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Signature of Patient or Personal Representative	Date
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Therapist Signature	Date