

Integrative Health Partners LLC

30 N Michigan Avenue, Suite 1008
Chicago IL 60602

PSYCHOTHERAPIST - PATIENT SERVICES AGREEMENT

Welcome to our practice. This document (the Agreement) contains important information about our professional services and business policies. Also attached is a Notice of Privacy Practices (the Notice) for use and disclosure of Protected Health Information for treatment, payment and health care operations.

APPOINTMENTS

Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. If it is possible to find another time to reschedule the appointment during the same week, we will not charge for an appointment cancelled with less than 24 hours notice. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. We do not charge for cancellations due to illness.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a psychologist. In most situations, we can only release information about your treatment to others if you sign a written authorization form. However, in the following situations, no authorization is required:

- Confidentially consulting with other health and mental health professionals about your treatment when necessary for quality care.
- Sharing of protected information with other individuals within our organization for both clinical and administrative purposes, such as scheduling, billing, clinical consultation, and quality assurance.
- Releasing the information necessary to secure payment from insurance companies and others. This may include submitting information to a billing service. As required by HIPAA, we have a formal business associate contract with our billing service, in which it promises to maintain the confidentiality of this data except as specifically allowed in the contract or otherwise required by law.

Other conditions in which information may be released without your authorization are covered in the accompanying HIPAA notice.

BILLING AND PAYMENT

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. In most collection situations, the only information we would release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

INSURANCE REIMBURSEMENT

You should be aware that your contract with your health insurance company requires that you authorize us to provide it with information relevant to the services that we provide to you. If you

are seeking reimbursement for services under your health insurance policy, we will need to provide such information. We will routinely be required to disclose your clinical diagnosis. Sometimes we are required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, we will make every effort to release only the minimum information about you that is necessary for the purpose requested.

PROFESSIONAL RECORDS

You should be aware that, pursuant to HIPAA, we may keep Protected Health Information about you in two sets of professional records. We will always keep a set designated as your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that we receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier.

In addition, your therapist may also keep a set of Psychotherapy Notes. Psychotherapy Notes may include the contents of sessions, the therapist’s analysis of those conversations, and how they impact on your therapy. They also may contain particularly sensitive information that you may have revealed that is not required to be included in your Clinical Record. Psychotherapy Notes, if they are used, are kept separate from your Clinical Record. These notes cannot be released without your written authorization.

You may examine and/or receive a copy of both sets of records, if you request it in writing. However, because these are professional records, they can be misinterpreted by untrained readers. For this reason, if you want to examine these records, we recommend that you initially review them with your therapist, or have them forwarded to another mental health professional so you can discuss the contents.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

Printed Name _____

Signature _____

Date _____