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## Psychotherapy Agreement

Welcome. This agreement contains information about my professional services and policies. It summarizes the most frequently discussed administrative issues.

**CONFIDENTIALITY:** Your verbal communication and clinical records are strictly confidential, except where: 1) the client authorizes a release of information with his/her signature; 2) the client presents a physical danger to self or others; 3) child/elder abuse/neglect is suspected. In the latter two cases, we are required by law to report this information to the proper legal authorities so that protective measures can be taken.

**FINANCIAL TERMS:** My fees are \$130.00 per 45-50 minute individual session, \$150.00 per 50-60 minute individual session, and \$160.00 per 50 minute conjoint/ couples session. The initial evaluation period, which can last from one to three 60 minute sessions, is billed at \$210.00 per session. In addition, I charge our agreed upon hourly fee for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include: report writing, telephone conversations other than for scheduling appointments, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. Clients will be given 30-day verbal notice prior to any change in fee structure.

**BILLING AND PAYMENT:** I am a contracted provider of Blue Cross Blue Shield of Illinois (BCBSIL) and Medicare, and will bill them directly for services rendered. You are financially responsible for any co-payments or co-insurance due and for any non-covered services rendered (e.g., missed appointments, unmet deductibles). Co-payments are due at the time of service. I accept cash, personal checks, Chase Quick Pay, and credit cards. You will be charged the 2.9% service fee for all credit card transactions. There will be a \$20.00 service charge on all returned checks.

**CANCELLED AND MISSED APPOINTMENTS:** A scheduled appointment means that time is reserved only for you. If an appointment is missed or cancelled within less than a twenty-four hours notice, you will be billed directly according to the scheduled fee, unless we agree that it could not have been avoided. If you have an appointment on Monday, please call by Friday to cancel and reschedule your next appointment.

**CONTACTING ME AND EMERGENCY PROCEDURES:** If you need to contact me, please leave a message on my confidential voicemail (708-934-4492) and your call will be returned (usually within 24 hours). If an emergency situation arises, follow the emergency procedures on my voice mail. Calls or emails that exceed five minutes will be charged at my normal, pro-rated therapy rates.

**RELEASE OF INFORMATION:** I authorize the release of information regarding my care to my health plan for the payment of claims, certifications/case management decisions, and other purposes related to the administration of benefits of my health plan. Information regarding your care may be used and disclosed for the purpose of providing, coordinating or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members.

**CONSENT FOR TREATMENT:** I further authorize and request that my treating provider carry out mental health examinations, treatment and/or diagnostic procedures, which now or during the course of my care are advisable. I understand that the purpose of these procedures will be explained to me upon my request and subject to my agreement. I also understand that while the course of therapy is designed to be helpful, it may be difficult at times.