



General Practice Information & Policies

The following contains information regarding some of our policies and procedures to help you better understand our practice. As always feel free to reach out with any questions or concerns you may have.

Confidentiality: Anything discussed in the confines of therapy remains confidential, with the following limitations: First, if someone reports the possibility of seriously harming themselves or others (including, but not limited to child or elder abuse (physical or sexual), child or elder neglect, and suicidal or homicidal behavior). Second, if you elect for us to bill your insurance, we may be required to share patient information regarding your diagnosis/reason for services. In these instances, we will limit this information to the minimum required. If you do not want information shared with your insurance company, you may notify us in advance and request a session or sessions that will not be included in your health record (please note that in this instance you would be required to pay the full fee at the time of service). Additionally, it is common for us to coordinate treatment with your other providers (e.g. medical doctor, outside provider, school...). This communication requires your written consent and again we will limit the information to what is pertinent to coordinate appropriately with the particular professional.

Minors age 12-17:

Clients between these ages are legally provided additional confidentiality. Parents and guardians will have access to information regarding current condition, diagnosis, treatment needs/planning, and services provided. Clients between these ages must also be informed and not object for a parent or guardian to view or receive copies of their full health record.

Office Hours:

Each of our providers is responsible for setting their own schedule. Appointments are scheduled directly with your clinician. If you need to speak with your clinician, please contact us at 847-580-3290. If your clinician is unavailable at the time of your call, you may leave a message on our confidential voicemail. Messages are generally checked throughout the day and we will do our best to return any call within 24 hours (with the exception of weekends and holidays).

Frequency of Treatment:

Most clients attend sessions on a weekly or every other week basis, which is usually determined by presenting concerns and agreed upon collaboratively between the client and individual provider. Additional sessions may be offered if needed and clients are encouraged to reach out if they would like to schedule something outside their regular appointments.

E-Mail Communication:

Please note that e-mail is not a secure form of communication. Should you agree, your clinician and our office will only utilize e-mail communication for scheduling/administrative purposes (i.e. scheduling, billing, general office questions).



Fees for Service:

We are in network with BCBS PPO and out of network for all other insurance providers. If you have an out-of-network insurance company, we will either assist you in filing claims or provide you with the necessary information for you to file for reimbursement on your own. Please note that if you are out-of-network you will be responsible to pay the difference between what your insurance company covers and our full rates. We strongly encourage you to contact your insurance company before your first visit to obtain any required pre-authorization, as well as a clearer understanding of how much your insurance will cover and the amount you will be responsible to pay.

The following are the fees for our typical services:

Diagnostic Evaluation (initial appointment)	\$240
Individual Therapy Session (38-52 minutes)	\$175-200
Individual Therapy Session (53+ minutes)	\$225-250
Family Therapy Session	\$200
Group Therapy Session	\$75-100

The cost of assessments and any other professional services vary based on the scope/extent of what is being provided. These costs/fees will be explained in advance by your clinician prior to the implementation of any of these services.

Cancellation Policy:

The practice requires 24-hour notice for the cancellation of appointments otherwise the session will be billed at the usual full rate and will not be covered by insurance. Please be in communication with your clinician regarding any urgent/emergent situations that may arise.

Emergency Contact:

In the event of a mental health emergency, please call 911 or contact the nearest hospital emergency room. Once the situation has been stabilized, please reach out to your clinician via phone to provide us with an update. We will coordinate with those involved in the emergency intervention as needed and provide any case information you ask us to release. Please note that should the emergency occur overnight or on a weekend/holiday, we may not be able to respond until the next business day.

Thank you for reviewing this information. Please make sure that you (and if applicable, your child) understand these policies. Should you have any questions or concerns about anything contained in this document, please reach out to your clinician for further clarification/explanation.

We look forward to providing you with a meaningful treatment experience!