



Glenview Counseling Group, LLC
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Suite 105
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(847)699-2490

Consent for Treatment

General Information:

Welcome to our office. This form is designed to help explain some aspects of our work together so that we may have a mutual understanding regarding the process of therapy. Therapy is just that, a process. Since we will likely work together for weeks, months, or even years, we encourage you to ask questions about any aspect of therapy that concerns you at any point in time during the treatment process. The goals of treatment and methods used to achieve those goals are open to discussion and evaluation at any time. While we will work to achieve maximum benefit from this treatment, there is no way to guarantee such benefits or particular outcomes. To be effective, the process of therapy may entail exploring difficult and often painful issues. As a result you may experience emotional strain, and at times you may feel even worse during treatment as these painful issues are explored. Regular attendance will produce the maximum benefit in this work, and allow us maximum ability to address these issues, however, you are free to discontinue treatment at any time of your choosing.

Messages & Emergencies:

A voice mail system answers our phone when we are not available, and we check messages regularly. Hours during which you may expect a return phone call are between 10:00am and 6:00pm. Monday-Friday. We will return your call as quickly as we can. **We do not regularly check for messages during the weekend.** In case of an emergency requiring immediate therapeutic assistance please have yourself safely transported to the nearest emergency room or call 911 for assistance. When we are out of town, emergency phone calls will be covered by a licensed therapist.

Confidentiality:

Conversations between us will almost always be kept confidential Glenview Counseling Group. Please be aware that to most effectively help you we may need outside consultation from another trained therapist. We work diligently to protect your identity by **never** sharing your name or other identifying information that might compromise confidentiality. There are times where these principles will not apply, including, but not limited to: 1) If you choose to use insurance benefits, you need to be aware that all insurance policies require a diagnosis. Some companies require information about our work together (content, issues being worked on), and dates of sessions. 2) **By law** we are required to report actual or suspected child or elder abuse to the appropriate authorities. 3) We may have to break confidentiality to protect anyone whom you threaten with violence or to cause physical harm or other dangerous actions; including yourself. 4) Valid court orders. If such incidents arise, we will need to break the confidentiality of our communications. Whenever possible, we will make reasonable efforts to resolve these situations before breaking confidentiality.

Appointments & Cancellations:

We will make every attempt to reserve a regularly scheduled appointment time for you. We will also make **every** attempt to not miss appointments. We ask that you please do the same. If you need to miss a session we ask that you give us 24 hours notice so that we may attempt to fill your time. If you cancel your appointment with less than 24 hours notice and we are not able to fill your time you will be responsible for paying for the missed session. Payment in full for missed sessions is expected at the time of our next scheduled appointment. Please be advised that many insurance companies do not reimburse for missed sessions.

Social Media:

In order to maintain your confidentiality and our respective privacy, we do not interact with current or former clients on social networking websites. We do not accept friend or contact requests from current or former clients on any social networking sites. We will not respond to friend requests or messages through these sites.

We will not solicit testimonials, ratings or grades from clients on websites or through any means. Although it is your decision, we encourage you to avoid writing testimonials about us on any websites, in order to maintain your privacy. We will not respond to testimonials, ratings or grades on websites, whether positive or negative, in order to maintain your confidentiality. Our hope is that you will bring concerns about our work together to the therapy session so we can address concerns directly.

We are happy to accept emails or text messages about general matters such as scheduling or changing appointments. Please do not include personal information about your therapy in emails or text messages, as email and text messaging is not completely secure and confidential. If there is information that you believe needs to be shared prior to your next appointment, call your therapist and arrange a time to speak by telephone. We do keep all emails sent to and received from our clients as part of the therapy record.

Minors:

Patients under 12 years of age and their parents should be aware that the law allows parents to examine their child's treatment records. When children between the ages of 12 and 18 are seen alone the content of these sessions is kept confidential, between therapist and child.

Parents of children between 12 and 18 years of age cannot examine their child's records unless their child consents or unless I find there is no compelling reason for denying them access to those records. Parents of children between 12 and 18 years of age are entitled to information concerning their child's current physical and mental condition, diagnosis, treatment needs, services provided and services needed. If the therapist believes that the child is at imminent risk of harming himself/herself or others, the therapist will notify the parents of this concern. Before giving parents any information, the therapist will discuss the matter with the child, if possible, and the therapist will try to handle any objections the child may have with what the therapist is prepared to discuss with the parents. Our policy is that both parents be notified that their child is in therapy and both parents consent to therapy for the child.

Legal & Court Related Services:

We do not provide or perform evaluations for custody, visitation, or other forensic matters. Therefore, it is understood and agreed that your therapist cannot and will not provide any testimony or reports regarding issues of custody, visitation or fitness of a parent in any legal or administrative proceeding.

If your therapist is contacted by an attorney regarding your treatment or treatment of your child (either at your behest or related to a legal matter you are involved in), please note the following:

We charge \$400 per hour to prepare for and/or attend any legal proceeding and for all court related services including travel time to and from the location of the proceeding. Fees for legal and court related services must be paid prior to the scheduled court hearing or deposition. Charges for court related services are not covered by insurance.

Court related services include: talking with attorneys, preparing and reviewing documents, traveling to court or deposition venue, attending depositions and court hearings/trials.

If our fee is not paid by the court or attorneys, you will be charged for the time we spend responding to legal matters. All fees for legal matters must be paid in advance of the legal proceeding in question.

You will be charged for any costs we incur responding to attorneys in your case, including but not limited to fees we are charged for legal consultation and representation by our attorneys.

Statement of Understanding:

Your signature below assumes you have read, understand, and agree to abide by the above. It also assumes that you give your consent for us to provide you with psychotherapeutic services.

_____	_____	_____
Client's Printed Name	Client's Signature (age 12 and older)	Date
_____	_____	_____
Parent's Printed Name (client is minor)	Parent's Signature	Date
_____	_____	_____
Partner's Printed Name (couples's Counseling)	Partner's Signature	Date
_____	_____	_____
Witness' Printed Name	Witness' Signature	Date