



The Mental Difference

Chicago – Oak Brook – Skokie – Crystal Lake

Policies

We at ***THE MENTAL DIFFERENCE*** are pleased to have the opportunity to work with you. It is our hope that you are as excited as we are about the journey we are about to embark upon! Please read and review this document as it contains important information about the procedures and policies at ***THE MENTAL DIFFERENCE***. Once done, please sign and date where it is indicated below.

PRIVACY:

The privacy of all records pertaining to your treatment will be maintained securely. Records will be kept for a minimum of seven (7) years, will be used only for appropriate treatment purposes, and will be released only with your specific written consent or authorization, as provided for by Illinois and Federal law. You have the right to review your records (including the record of disclosures made). Copies will be made available to you upon your written request. There will be a reasonable fee for copying records requested by you. If at any time you feel your privacy has been violated, you have the right to file a grievance with me and/or with the Secretary of the U.S. Department of Health and Human Services. Note, however, that the law requires the release of otherwise confidential information when the provider reasonably believes disclosure is necessary to protect against harm to yourself or others, when there is suspicion of child or elder abuse, and when records are demanded by Court Order.

PAYMENT:

Payment in full is expected at the time of service, or according to a mutually agreed upon and documented payment schedule. In addition to weekly appointments, ***THE MENTAL DIFFERENCE*** charges for other professional services you may request. If fees for services are not paid in a timely manner, collection agencies may be utilized in collection of unpaid debt. ***THE MENTAL DIFFERENCE*** accepts cash, checks, and credit cards. There will be a \$35.00 charge for any checks that are returned.

APPOINTMENTS AND CANCELLATION POLICY:

Once an appointment is scheduled, ***THE MENTAL DIFFERENCE*** has a strict 24-hour policy for all cancellations. Due to client volume, this notice allows us to schedule accordingly and meet the needs of our clients to the best of our ability. If appointments are missed or cancelled during this 24-hour period, the client will be charged the full fee for the appointment. These fees are not reimbursed by health insurance and are the sole responsibility of the client.

INSURANCE REIMBURSEMENT:

THE MENTAL DIFFERENCE accepts insurance reimbursement for clinical counseling only. Any work done in the area performance psychology, which includes Sports, Business, Art performance and Academic Performance, is not eligible for reimbursement by insurance. The client is responsible for any fees not covered by insurance.

CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANS:

During the course of treatment, *THE MENTAL DIFFERENCE* may use fax, email, or other forms of electronic transmission. These types of communication are not typically considered to be confidential means of communication. Your signature below authorizes such forms of communication to be transmitted, including but not limited to, information related to: billing/ invoicing, payment, scheduling, administrative issues, and clinical issues.

THE MENTAL DIFFERENCE