

## LIMITS OF CONFIDENTIALITY

The law protects the privacy of communications between a client and a therapist. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements. However, in the following situations, no authorization is required:

- I may need to make disclosures required by health insurers or to collect overdue fees.
- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, I cannot disclose any information without a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- I may disclose relevant information regarding services, if necessary, in order to defend myself against a formal complaint or law suit.
- *Child Abuse Reporting*— If I have reasonable cause to believe that a child under 18 known to me in my professional capacity may be an abused child or a neglected child, the law requires that I file a report with the local office of the Department of Children and Family Services. Once such a report is filed, I may be required to provide additional information.
- *Elder Abuse Reporting*— If I have reason to believe that an adult over the age of 60 living in a domestic situation has been abused or neglected in the preceding 12 months, the law requires that I file a report with the agency designated to receive such reports by the Department of Aging. Once such a report is filed, I may be required to provide additional information.
- If you have made a specific threat of violence against yourself or another person or if I be-

lieve that you present a clear, imminent risk of serious physical harm to yourself or another person, I may be required to disclose information in order to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking your hospitalization.

If any of the above situations arise, I will make every effort to fully discuss them with you before taking any action and I will limit my disclosure to what is necessary. While this written summary of exceptions to confidentiality should prove helpful in informing you about problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

I may occasionally find it helpful to consult other health and mental health professionals about my work with you. During a consultation, I omit identifying information as much as possible. The professionals with whom I consult are also legally bound to keep the information confidential.

## ACCEPTANCE

Your signature on the Acknowledgement of Services Agreement Form indicates that you have been provided with a copy of this document, that you have read the information in this document and agree to abide by its terms.

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# PSYCHOLOGICAL SERVICES AGREEMENT

## PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on your personality and mine as well as the concerns that bring you here. Not surprisingly, psychotherapy can have benefits and risks. Therapy often leads to better relationships, a sense of empowerment, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience. Since therapy often involves discussing difficult or uncomfortable aspects of your life, you may experience feelings like sadness, guilt, anger, frustration, loneliness, and helplessness in addition to feelings of empowerment, fulfillment, and hope.

During our initial meetings, some period of time will be spent on getting a better sense of your

needs and goals. This way, I will be able to offer you some first impressions of what our work will include and what strategies we might use.

You should evaluate this information along with your own opinions of whether you feel comfortable working with our plan and with me as your therapist. If you have concerns about my approach, I encourage you to discuss them with me. I will make every effort to work with you to resolve any issues. If this is not possible, I will be happy to help you set up a meeting with another mental health professional for a second opinion or, if necessary, make a referral to another therapist.

## MEETINGS

Psychotherapy typically involves one 50-minute session per week at a time we agree on, although, by agreement, some sessions may be longer, more frequent, or less frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you cancel 24 hours in advance of the time of the appointment or unless we both agree that you were unable to attend due to circumstances beyond your control. It is important to note that insurance companies do not provide reimbursement for missed or cancelled sessions.

## FEES

My fee is \$115.00 per 50 minute therapy session. In addition to weekly appointments, you may need other professional services. Other services may include report writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. I charge this same hourly rate for other professional services.

I will break down the hourly cost if I work for periods of less than one hour. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$120.00 per hour for preparation, transportation time and attendance at any legal proceeding.

## RECORDS

The laws and standards of my profession require that I keep protected health information about you in your clinical record. You may examine and/or receive a copy of your clinical record, if you

make such a request in writing. I recommend that if you are interested in reviewing your record that we go over the contents together.

## BILLING AND PAYMENTS

My preference is that you pay in full for each session at the time of the session. I will file the necessary paperwork with your insurance company. Please contact them to be sure payment from them will be made to you directly. If this payment plan is not possible, we can discuss alternative arrangements.

Payment schedules for professional services other than individual counseling appointments will be agreed to when they are requested.

In the event that your account has not been paid for more than 60 days and arrangements for pay-

ment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring an attorney, a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a client's treatment is her/his name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.