

1. Informed Consent for Psychotherapy

INTRODUCTION

Welcome to IntraSpectrum Counseling ("ISC"). This Informed Consent for Psychotherapy (this "Consent") contains important information about our professional services and business policies, as well as information about the Health Insurance Portability and Accountability Act ("HIPAA"), a federal law that provides privacy protections and patient rights about the use and disclosure of your protected health information ("PHI") for the purposes of treatment, payment, and our business operations. This Consent also authorizes ISC to provide treatment and psychotherapy services, share your health information, and receive payment for the services we provide to you.

Although this Consent is long and sometimes complex, it is very important that you understand it. Please read this Consent carefully and write down any questions that you may have. We can discuss any questions you have when you sign by contacting our office or at any time in the future with your therapist. When you complete and sign this Informed Consent for Psychotherapy, you are creating an agreement between yourself and ISC. You must sign this Consent prior to treatment.

PSYCHOTHERAPY SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client and the particular problems you hope to address. There are many different methods your therapist may use to deal with those problems. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things you and your therapist talk about both during your sessions and at home.

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. Your therapist also has corresponding responsibilities to you. These rights and responsibilities are described in this Consent.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, and resolutions to specific problems. However, there are no guarantees about what will happen or what you will experience.

Your first few sessions will involve a comprehensive evaluation and assessment of your needs. By the end of the evaluation and assessment, your therapist will be able to offer you some initial impressions of what your work might include and a treatment plan to follow if you decide to continue therapy. You should evaluate this information and make your own assessment about whether you feel comfortable working with your therapist. At the end of the evaluation and assessment, your therapist will also notify you if they believe that they are not the right therapist for you, and, if so, your therapist will provide you with referrals to other mental health professionals, either at ISC or elsewhere, whom your therapist believes are better suited to help you.

Therapy involves a large commitment of time, money, and energy, so you should be careful about which therapist you select. If you have questions about your therapist's procedures, you and your therapist should discuss them whenever they arise. If your doubts persist, our client services team, or your therapist, will be happy to help you set up a meeting with another mental health professional.

☐ By checking this box, I acknowledge that I have read and understood the above "Psychotherapy Services" section.

THERAPY SESSIONS

Your therapist normally conducts an evaluation and assessment that will last from 2 to 4 sessions. During this time, you and your therapist can both decide if your therapist is the best person to provide the services you need in order to meet your treatment goals. If you and your therapist agree to begin psychotherapy, your therapist will usually schedule one 55-minute session (one appointment of 55 minutes duration) per week, at a time mutually agreed upon, although some sessions may be more or less frequent. The time scheduled for your appointment is assigned to you and you alone.

☐ By checking this box, I acknowledge that I have read and understood the above "Therapy Sessions" section.

CANCELLATION POLICY

Once an appointment hour is scheduled, you will be expected to pay for it, without exception, unless you provide 2 calendar days' advance notice of cancellation. If it is possible, your therapist will try to find another time to reschedule the appointment. Our cancellation and related policies are detailed in our Cancellation & Rescheduling Policy document and incorporated into this Consent by reference. You must review and sign our Cancellation & Rescheduling Policy prior to treatment.

☐ By checking this box, I acknowledge that I have read and understood the above "Cancellation Policy" section.

PROFESSIONAL RELATIONSHIP

The nature of the relationship between you and your therapist is professional. In honor of the codes of ethics associated with the various professional associations and licensing boards of our therapists, your therapist can only be your therapist and cannot have any other role in your life. Your therapist will not and cannot be, now or ever, a close friend with any client nor have a sexual or romantic relationship with any client during or after therapy. Social invitations and offers of that nature, such as social media invitations or invitations to parties or weddings, will be politely turned down. Your therapist will not give you gifts and will not, in most instances, accept any gifts from you. Additionally, if you should see your therapist in public, your therapist will maintain confidentiality and not initiate contact. However, if you see your therapist and would like to greet them, your therapist would be happy to say hello.

You should not interpret any of the above as a personal reaction to you by your therapist. Please understand that the above behavior by your therapist is a serious commitment to maintain the professional relationship, your confidentiality, and your privacy.

☐ By checking this box, I acknowledge that I have read and understood the above "Professional Relationship" section.

CONTACTING YOUR THERAPIST

Your therapist is often not immediately available by telephone. We highly encourage you to communicate with your therapist by email as your therapist regularly checks their email throughout the day. Even if your therapist is in the office, your therapist will not answer the phone when they are with a client or otherwise unavailable. At these times, you may leave a message on your therapist's confidential voice mail and your call will be returned. Please note that each ISC therapist has a different work schedule, and it may take one or two working days for your therapist to respond to non-urgent matters. Your therapist will generally not return calls on their days off or any ISC holiday.

- ☐ By checking this box, I acknowledge that I have read and understood the above "Contacting Your Therapist" section.

ELECTRONIC COMMUNICATIONS

It is very important to be aware that computers and unencrypted e-mail, text, and e-fax communications can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, texts, and e-faxes, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all e-mails, texts, and e-faxes that go through them. While data on your therapist's laptop is encrypted; e-mails, texts, and e-fax are not always encrypted. It is always a possibility that e-faxes, texts, and email can be sent erroneously to the wrong address and computers. ISC cannot guarantee the security and privacy of such communication and will not be liable for improper disclosure of confidential information that is not caused by the intentional misconduct of ISC or our employees, agents, or representatives.

Your therapist's laptop is equipped with a firewall, a virus protection, and a password. Your therapist regularly backs up all confidential information from their computer onto our HIPAA compliant electronic health record system. Please notify your therapist if you decide to avoid or limit, in any way, the use of e-mail, texts, cell phones calls, phone messages, or e-faxes. If you communicate confidential or private information via unencrypted e-mail, texts, e-fax, or phone messages, ISC will assume that you have made an informed decision and will view it as your agreement to take the risk that such communication may be intercepted. ISC will honor your desire to communicate on such matters.

Please note that ISC highly discourages text communication. If you desire and elect to communicate electronically with your therapist between sessions, ISC recommends that you use voicemail or email. Please be aware that email is not completely confidential. Any email we receive from you, and any responses sent to you, will be included in your treatment record.

As much as possible, contact should be limited to your scheduled sessions and brief calls and emails to cancel, schedule, or reschedule appointments. It is always best to share information in session where you can have your therapist's full attention, and the information can be documented as needed.

- ☐ By checking this box, I acknowledge that I have read and understood the above "Electronic Communications" section.

- ☐ By checking this box, I consent to communications by email, text and voicemail. I understand that long texts, voicemails, emails, and other forms of communication that are not face-to-face are discouraged and not in my best interest for quality treatment.

- ☐ By checking this box, I understand that I should not use texts, email, voicemail, or faxes for emergencies.
- ☐ By checking this box, I understand that ISC strongly recommends communication by email or voicemail, not text.

EMERGENCY AND CRISIS CARE

If you have a, or are in, crisis, please tell your therapist this in your communication with your therapist. Our crisis care policies are detailed in our Crisis Care Policy document and incorporated into this Consent by reference. You must review and sign our Crisis Care Policy prior to treatment.

If you are experiencing an emergency or require immediate medical or psychiatric assistance, you should call 911, go to the nearest emergency room, contact Northwestern Memorial Hospital's intake line at (312) 926-8100, or contact Weiss Memorial Hospital's intake line at (773) 564-6250. You may also call National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255) to be connected with the nearest certified national crisis call center. Additionally, you may call the Trevor Project's TrevorLifeline at 1-866-488-7386 for crisis intervention and suicide prevention or text START to 678-678 to confidentially text message with a Trevor Project counselor.

After you have secured your safety, please inform your therapist of the arrangements that you have made, and your therapist will help coordinate your care.

- ☐ By checking this box, I acknowledge that I have read and understood the above "Emergency and Crisis Care" section.

PROFESSIONAL FEES

Our standard fees include:

• Evaluation and Assessments: \$225 • Individual Session: \$185 • Couple/Relational Session: \$185 • Family Session: \$185 • Crisis Psychotherapy (First 60 Minutes): \$225 • Crisis Psychotherapy (Each Additional 30 Minutes): \$100 • Group Therapy Session: Varies by group

The hourly fee of our therapists is \$185. If you and your therapist meet more than the usual time, you will be charged accordingly. In addition to weekly appointments, we charge this same hourly rate for other professional services you may need, though we will prorate the hourly cost for work for periods of less than one hour in quarter of an hour increments. Other professional services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of treatment summaries, and the time spent performing any other service you may request of your therapist or ISC.

If you become involved in legal proceedings that require ISC's or your therapist's participation, you will be expected to pay for any professional time ISC or your therapist spends on your legal matter, even if the request comes from another party. The hourly fee of our therapists for professional services when asked or required to perform services in relation to a legal matter is \$200 per hour.

For copies of your medical records, we provide an electronic copy of your records at no cost to you once every six months. Any additional request, as well as all requests for paper records, are charged a fee of \$20.00 plus \$0.18 per page.

☐ By checking this box, I acknowledge that I have read and understood the above "Professional Fees" section.

BILLING AND PAYMENTS

You will be expected to pay for each session within 2 calendar days unless you and ISC agree otherwise. You agree that payment must be made by cash or credit card. ISC does not accept payment for any services by personal check. You must always have a valid credit card on file with our payment system, and you must execute our Credit Card Authorization Form before receiving services. If you change or update your credit card information, you understand and agree that you must execute a new Credit Card Authorization Form.

By maintaining a credit card on file with our payment system and executing a Credit Card Authorization Form, you authorize ISC to charge the credit card indicated in the Credit Card Authorization Form for payment for services from ISC in the amount indicated above in "Professional Fees." By executing the Credit Card Authorization Form you certify that you are an authorized user of the credit card and that you will not dispute the payment with your credit card company so long as the transaction corresponds to the terms indicated in this Consent and the Credit Card Authorization Form.

Whenever a client's credit card is denied or rejected four consecutive times, all psychotherapy sessions and services will be suspended. Services will remain suspended until you provide a valid credit card in our payment system and execute a Credit Card Authorization Form. If a valid credit card is not provided and a new Credit Card Authorization Form not executed, services will remain suspended and/or you may be referred to alternate providers for services.

In the case of health insurance, you will be expected to provide any deductible or co-payments at the time each session is held unless you and ISC agree otherwise. Please remember that it is you – not your insurance company – that is responsible for payment of services and fees. Therefore, it is very important for you to know exactly what mental and/or behavioral health services your insurance plan covers.

Your signature below indicates that you understand and agree to pay for any deductibles and co-payments at the time each session is held. If you are utilizing health plan benefits, you understand that you are responsible for any amount that your insurance does not cover. You understand that deviation from this payment agreement, such as payment schedules, a payment installment plan, or a sliding scale fee arrangement, must be arranged with ISC directly. You understand that your therapist is not authorized to agree or negotiate on behalf of ISC for any deviation of this Consent, including any deviation from this payment agreement or our Cancellation & Rescheduling Policy.

Whenever a client's account reaches an outstanding balance of \$750 and no payments have been made or received toward the account and no payment agreement, schedule, or installment plan has been made regarding the account, all psychotherapy sessions and services will be suspended. Services will remain suspended until you begin making payment toward the account and execute a payment agreement, schedule, or installment plan. If no payments are made, services will remain suspended and/or you may be referred to alternate providers for services.

If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, ISC has the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, the costs and fees that ISC incurs will be included in the claim. In most collection situations, the only information ISC will release regarding treatment is a client's name; the dates, times, and nature of services provided; and the amount due. Accounts turned over to collections may be subject to future requirements, such as providing a retainer for future services.

☐ By checking this box, I acknowledge that I have read and understood the above "Billing and Payment" section.

INSURANCE REIMBURSEMENT

In order for you and your therapist to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. We will fill out forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled regardless of whether we are “in network” for your health insurance policy; however, you (not your insurance company) are responsible for full payment of all fees. It is very important that you find out exactly what mental health services your insurance policy covers. You are responsible for knowing your coverage and for letting us know if and/or when your health insurance policy coverage changes.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, we will provide you with whatever information we can and will be happy to help you in understanding the information you receive from your insurance company. If necessary, we are willing to call the insurance company on your behalf to obtain clarification.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. “Managed Health Care” plans, such as HMOs and PPOs, often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person’s usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. Though a lot can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end. Some managed-care plans will not allow us to provide services to you once your benefits end. If this is the case, your therapist will try to assist you in finding another provider who will help you continue your psychotherapy.

You should also be aware that most insurance companies require that we provide them with your clinical diagnosis. A diagnosis is a technical term that describes the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-5. Sometimes we have to provide additional clinical information, such as treatment plans, progress notes or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will likely be stored in their computer system. Though all insurance companies claim to keep such information confidential, ISC has no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. We will provide you with a copy of any records we submit, if you request it.

You understand that, by using your insurance and signing this Consent, you authorize ISC to release such information to your insurance company. We will try to keep that information limited to the minimum necessary.

In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover our fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee. Many policies leave a percentage of the fee (which is called co-insurance) or a flat dollar amount (referred to as a co-payment) to be covered by the client. Either amount is to be paid at time of service by cash or credit/debit card. In addition, some insurance companies also have a deductible, which is an out-of-pocket amount that must be paid by the client before the insurance companies are willing to begin paying any amount for services. This will typically mean that you will be responsible to pay for initial sessions with your therapist until your deductible has been met. Your deductible amount may also need to be met at the start of each calendar year. Once we have all of the information about your insurance coverage, we will discuss what we can reasonably expect to accomplish with the benefits that are available and what will happen if coverage ends before you feel ready to end your sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above, unless prohibited by my provider contract.

If ISC is not a participating provider for your insurance plan, you will need to pay the full fee for our services. As a courtesy, we will submit out-of-network claims on your behalf for your reimbursement, but we are not responsible for any follow-up or related issues for out-of-network claims that we submit on your behalf. If you would like to submit an out-of-network claim yourself, we will supply you with a receipt of payment for services, which you can submit to your insurance company for your reimbursement.

Please note that not all insurance companies reimburse for out-of-network providers. If you prefer a participating provider in network for your health plan, we will refer you to another mental health practice or professional.

We make every effort to have our communications and billing statements use your pronouns and preferred name whenever possible; however, certain insurance, billing documents, and other parts of your record will have your legal name and sex/gender marker. If your legal name and/or sex/gender marker is updated or changed on legal documents (e.g. a driver's license or other state identification), please notify us so that we can update our files and records and continue to submit claims to your insurance.

If you do not want us to disclose or use your legal name and/or sex/gender marker, you will not be able to use your insurance for our services, and you will need to pay our full fees at time of service by cash or credit/debit card.

☐ By checking this box, I acknowledge that I have read and understood the above "Insurance Reimbursement" section.

LEGAL NAME AND LEGAL SEX/GENDER MARKER DISCLOSURES

If you plan to use your insurance, we are legally obligated and required to disclose the legal name and sex/gender marker (i.e. male or female) associated with your insurance plan and as notated on your legal documents (e.g. a driver's license or other state identification).

☐ By checking this box, I acknowledge that I have read and understood the above "Legal Name and Legal Sex/Gender Marker Disclosures" section.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist is protected by law, and we can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent us from providing any information about your treatment. In some legal proceedings, a judge may order your therapist's testimony if they determine that the issues demand it, and your therapist must comply with that court order.

There are some situations in which your therapist is legally obligated to take action to protect others from harm, even if your therapist has to reveal some information about a client's treatment. For example, if your therapist believes that a child, elderly person, or disabled person is being abused or has been abused, your therapist must make a report to the appropriate state agency.

If your therapist believes that a client is threatening serious bodily harm to another, your therapist is required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm themselves, your therapist may be obligated to seek hospitalization for the client or to contact individuals who can help provide protection. If a similar situation occurs in the course of your work with your therapist, your therapist will attempt to fully discuss it with you before taking any action.

Your therapist may occasionally find it helpful to consult other professionals about a case. During a consultation, your therapist makes every effort to avoid revealing the identity of their client. The consultant is also legally bound to keep the information confidential. Ordinarily, your therapist will not tell you about these consultations unless your therapist believes that it is important to your work together.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that you discuss any questions or concerns that you may have with your therapist at your appointment. Your therapist will be happy to discuss these issues with you and provide clarification when possible. However, if you need specific clarification or advice your therapist is unable to provide, formal legal advice may be needed, as the laws governing confidentiality are quite complex.

☐ By checking this box, I acknowledge that I have read and understood the above "Confidentiality" section.

PARENTS AND MINORS

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is the policy of ISC not to provide treatment to a child under the age of 13 unless the child agrees that the therapist can share whatever information the therapist considers necessary with a parent. For children aged 14 and older ("adolescents"), ISC requests an agreement between the client (i.e. the adolescent) and the parents allowing the therapist to share general information about treatment progress and attendance, as well as a summary upon completion of therapy. All other communication will require the adolescent's agreement, unless your therapist believes there is a safety concern or other exception to confidentiality (see above), in which case your therapist will make every effort to notify the adolescent of their intention to disclose information ahead of time and make every effort to handle any objections that are raised. Our Adolescent Consent Form must be signed by both the adolescent and parent(s) or legal guardian(s) prior to treatment.

Research tells us that children and adolescents do best with the involvement of all parent(s) or legal guardian(s). While ISC understands that there may be some unique circumstances, ISC will, at a minimum, make all parent(s) or legal guardian(s) aware that their child will be receiving psychotherapy services from ISC. ISC will make extended efforts to contact parent(s) or legal guardian(s) who may be out of state, out of the country, deployed, or incarcerated. This policy is a best practices policy, and ISC will enforce it.

If the parent(s) or legal guardian(s) are divorced, we are required by law to keep a current divorce decree or court order on file in our office. ISC must have signed Consents from all parties before providing treatment if the parent(s) or legal guardian(s) are divorced and have joint custody. If one parent or legal guardian has sole custody, we must have a signed Consent from such parent or legal guardian, and, as stated above, we will make all parent(s) or legal guardian(s) aware that their child will be receiving psychotherapy services from ISC.

One risk of child therapy involves disagreement among parents or legal guardians and/or disagreement between parents or legal guardians and the therapist regarding the child's treatment. If such disagreements occur, your therapist will strive to listen carefully so that they can understand your perspectives and fully explain their perspective. You and your therapist can resolve such disagreements or agree to disagree, so long as this enables your child's therapeutic progress. Ultimately, parents decide whether therapy will continue. If either parent decides that therapy should end, your therapist will honor that decision, unless there are extraordinary circumstances. However, in most cases, your therapist will ask that you allow them the option of having a few closing sessions with your child to appropriately end the treatment relationship.

New paperwork must be completed and signed once an adolescent turns 18 years of age. The 18 year old client now has authority over their PHI and may or may not allow their parent(s) or legal guardian(s) the right to that information. ISC is legally obligated to abide by their decision.

☐ By checking this box, I acknowledge that I have read and understood the above "Parents and Minors" section.

DIVORCE AND SEPARATION AGREEMENTS

ISC's therapy services provided to couples or families in separation or divorce proceedings are for the purposes of providing a neutral professional to assist couples or families through their challenges and changes. You agree and acknowledge that ISC's clinical work and services cannot be used establish custody agreements, visitation schedules, or other family court matters. We do not provide child custody evaluations nor can we assume that dual role if you have chosen ISC for psychotherapy services for your family. Your therapist is happy to provide a referral to a forensic counselor, and we will remain out of the courtroom. To ensure that we have a shared understanding of such arrangements, you must keep on file in our office the most recent copy of your separation or divorce decree or order.

☐ By checking this box, I acknowledge that I have read and understood the above "Divorce and Separation" section.

COURT DISCLAIMER

Please note that your agreement not to subpoena ISC records, ask your therapist to testify in court, or provide letters or documentation expressing your therapist's opinion about parental fitness or custody/visitation arrangements may not prevent a judge from requiring your therapist's testimony. If your therapist is required to testify, your therapist is ethically bound not to give their opinion about either parent's custody, visitation suitability, or fitness. If the court appoints a custody evaluator, guardian ad litem, or parenting coordinator, your therapist will provide information as needed, if appropriate releases are signed or a court order is provided. However, your therapist will not make any recommendation about the final decision(s).

Please refer to "Professional Fees" above for all applicable fees should a subpoena be issued or served to ISC or any of our therapists. Your signature on this Consent is an agreement by you to pay all fees billed to you that are related to the case or court (e.g. our hourly rate for testifying or being in attendance, travel, copying records, reviewing and preparing documents, clinical summaries, speaking with attorneys, attorney fees and costs incurred by ISC, court fees, etc.) regardless of whether or not you initiated the court proceedings.

- ☐ By checking this box, I acknowledge that I have read and understood the above "Court Disclaimer" section.

YOUNG CHILDREN IN WAITING AREA

ISC is not able to assume responsibility for the care of young children during therapy sessions. Having young children in the waiting area is generally disruptive to the psychotherapy process, and ISC asks that you arrange for their care. If you have difficulty arranging childcare, please talk with your therapist. Children old enough to be responsible for themselves may wait in the waiting area.

- ☐ By checking this box, I acknowledge that I have read and understood the above "Young Children in the Waiting Area" section.

PROFESSIONAL CONSULTATION

Professional consultation regarding care and management of client cases is an important aspect of a healthy psychotherapy practice. The purpose of such consultation is to ensure a high quality of clinical care. As such, ISC therapists regularly participate in clinical and ethical consultations with appropriate professionals. Your therapist will maintain confidentiality and protect your identity by not using real names or identifying information.

- ☐ By checking this box, I acknowledge that I have read and understood the above "Professional Consultation" section.

PROFESSIONAL RECORDS

ISC is required to keep appropriate records of the psychotherapy services that our therapists provide. Your records are maintained in a secure and HIPAA-compliant electronic health record system. Our therapists keep brief records noting that you were here; your reasons for seeking therapy; the goals and progress we set for treatment; your diagnosis; topics that you have discussed; your medical, social, and treatment history; records that ISC has received from other providers; copies of records ISC has sent to others; and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, ISC recommends that you initially review them with your therapist or have them forwarded to another mental health professional to discuss the contents. If your therapist refuses your request for access to your records, you have a right to have your therapist's decision reviewed by another mental health professional, which your therapist will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request. Please be aware that you may incur fees for copies of your records. See "Professional Fees" above for more information.

- ☐ By checking this box, I acknowledge that I have read and understood the above "Professional Records" section.

ETHICAL GUIDELINES

Your therapist follows the ethical guidelines of their respective licensure: the American Psychological Association (licensed psychologists), the American Counseling Association (licensed clinical professional counselors), the National Association of Social Workers (licensed clinical social workers), and the American Association for Marriage and Family Therapy (licensed marriage and family therapists).

- ☐ By checking this box, I acknowledge that I have read and understood the above "Ethical Guidelines" section.

COMPLAINTS

Any disputes or complaints that can not be resolved between you, your therapist, and ISC should be directed to the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation, Complaint Intake Unit, 100 West Randolph Street, Suite 9-300, Chicago, IL 60601.

- ☐ By checking this box, I acknowledge that I have read and understood the above "Complaints" section.

CLIENT SATISFACTION

We welcome feedback about the services you receive from us. We are dedicated to providing high quality services, so we are passionate about improving the delivery of services to clients. ISC may periodically administer satisfaction surveys or questionnaires during the course of your treatment to gain feedback regarding our services and areas of improvement. Your completion of any such survey or questionnaire is voluntary and optional.

- ☐ By checking this box, I acknowledge that I have read and understood the above "Client Satisfaction" section.

CONSENT AND ACKNOWLEDGEMENT

By signing this Consent, you are indicating that you have read this Consent in its entirety and agree to their terms.

Client's Legal Name
(First and Last):

Name of Minor Client's
First Parent or Legal
Guardian:

Name of Minor Client's
Second Parent or Legal
Guardian:

Name of Minor Client's
Parent or Legal Guardian
Signing Consent:

Today's Date: