ENCIRCLE
PSYCHOLOGICAL
SERVICES, LLC

566 West Lake Street, Suite 200, Chicago, Illinois 60661
www.EncirclePsych.com

STATEMENT OF UNDERSTANDING

Thank you for choosing Encircle Psychological Services, LLC! Please read the following information related to your / your child's therapy with me. Please print out the Signature Page (last page), and initial and sign to indicate your understanding of the information provided.

Confidentiality

All services provided by Encircle Psychological Services, LLC are confidential in accordance with state and federal laws. No information regarding me or my child can be released without my written or verbal consent, except (as mandated by state law) in the case of known *abuse against a child or elderly person*, or where a *person is a threat to their own safety, or someone else's safety*. Such instances include, but are not limited to, threats to harm or kill another or themselves. Additionally, Encircle Psychological Services, LLC may be required to release information due to court order. Please note that on-line / video chat sessions may not be as confidential as in person session due to factors beyond our control. Also Encircle Psychological Services, LLC does not get involved with court/custody/legal cases, and will not see those who require Encircle Psychological Services, LLC to be present in court, write reports for courts, or otherwise.

If my child is in treatment with Encircle Psychological Services, LLC, I understand that the information shared between my child and Encircle Psychological Services, LLC is confidential, and will not be disclosed to me unless there is a threat of danger. I further understand that Encircle Psychological Services, LLC will speak with me throughout the treatment regarding my child's progress in therapy, and that it is beneficial for me to be in contact with Encircle Psychological Services, LLC to share information.

At times, I, or my child, may run into a doctor from Encircle Psychological Services, LLC in the community. I understand that in order to protect my / my child's privacy, the doctor will not initiate contact, but I am welcome to initiate contact if I would like.

Confidentiality Related to Internet and Social Media

Encircle Psychological Services, LLC will treat e-mail communications privately; however, I understand that e-mail is not a secure form of communication. I further understand that e-mail is best used for administrative purposes, such as arranging appointments and relaying payment / insurance information. I further understand that while I may e-mail Encircle Psychological Services, LLC updates/concerns/questions, etc., I may not receive an immediate, or detailed, response, and should follow up by phone or in person. I also understand that email communications may be retained in Encircle Psychological Services, LLC logs of both her and my Internet service provider. Additionally, email correspondences become part of my record.

The therapists at Encircle Psychological Services, LLC does not accept requests from current or former patients (or relatives of patients) to connect through personal social media (including but not limited to Facebook, Instagram, etc.) in an effort to protect patient confidentiality, and avoid blurring the boundaries defined by our therapeutic relationship. For the same reasons, Encircle Psychological Services, LLC does not engage in personal online messaging or postings. If you would like to connect professionally with Encircle Psychological Services, LLC or any of its therapist through Social Media (i.e. Facebook, LinkedIn, etc.), please know that you could be disclosing your confidential relationship with Encircle and its therapists.

Payment and Insurance

Fee for Services:

Individual Therapy

Initial Phone Consultation (20 minutes):	Complimentary
Intake / assessment (60 minutes):	$180 - $250
Psychotherapy session (55 minutes):	$155 - $200
Psychotherapy session (45 minutes):	$130 - $175
Psychotherapy session (30 minutes):	$100 - $125

Couples / Family

Intake / assessment (60 minutes):	$180 - $250
Psychotherapy session (55 minutes):	$160 - $225

Other Services (not covered by insurance)

Late cancellation / Missed appointment:	$100
Reports/Letters:	$50/15 min
Phone contact over 20 minutes:	$50/15 min

Please note that in some circumstances, Encircle Psychological Services, LLC is willing to work with those who may have difficulty meeting their financial obligations. In such circumstances, Encircle Psychological Services, LLC will work with me on a payment plan, which I agree to pay off completely before the end of the calendar year regardless if I am still receiving services from Encircle Psychological Services, LLC.

Cancellation Policy

When I schedule an appointment for myself or my child, I understand that the time is reserved for only me / my child, and Encircle Psychological Services, LLC will not schedule anyone else during my / my child's scheduled appointment time. If I miss or cancel my / my child's appointment within less than 24 hours notice, I understand that I will be charged a fee of $100. I further understand that insurance does not pay for sessions that were not attended, and that I will be entirely responsible for the amount owed.

Insurance

Encircle Psychological Services, LLC is an in-network provider for Blue Cross Blue Shield PPO, Blue Choice, and United Health Care / Optum Behavioral Health; and is an out-of-network provider

for all other managed care companies. I understand that my PPO requires that I have a diagnosis in order to determine if my / my child's treatment expenses will be covered. Additionally, this diagnosis may become part of my / my child's permanent medical and insurance records. I further understand that my PPO may have limitation on the type of, and amount of, services I / my child may be authorized for which to receive covered payment. As an alternative, I may choose to have treatment services be kept private from my PPO records, in which case no diagnosis will be entered into my / my child's medical records and my insurance provider will not be informed of my / my child's treatment. However, I understand that this latter option may result in services not being covered, and I will be entirely responsible for the full fee. I further understand that my insurance company might ask for additional information from Encircle Psychological Services, LLC, and that Encircle Psychological Services, LLC may need to release additional information in order for services to be covered. Encircle Psychological Services, LLC will make efforts to minimize the amount of information released to the insurance company.

There are times that insurance companies contract mental health services out to other managed care companies, which means that even though I have BCBS PPO, or CIGNA PPO, my mental health coverage might be covered by a third party, thus making Encircle Psychological Services, LLC an out-of-network provider for mental health services. If this is the case, I will be responsible for paying the full fee upfront, and can then submit a receipt to the insurance company for reimbursement. If Encircle Psychological Services, LLC is directly reimbursed, Encircle Psychological Services, LLC will refund to me the amount reimbursed to them from the managed care company.

It is my responsibility to contact my insurance provider to gather information regarding coverage, deducible, co-pay/co-insurance, and reimbursement information. I understand with insurance there is no guarantee of payment, and that I will be responsible for the entire fee(s) not covered by my insurance.

If I decide to use my insurance coverage for treatment, I am required to pay the deductible (if any), and co-pay / co-insurance in full at the time services are rendered. If I would like to use another managed care company in which Encircle Psychological Services, LLC is not in-network, I agree to pay Encircle Psychological Services, LLC full fee at the time services are rendered. Encircle Psychological Services, LLC will then issue a "Superbill" (receipt) for me to submit to, and follow up with, my managed care provider. If Encircle Psychological Services, LLC is reimbursed any amount from my managed care provider after I have paid the full fee, Encircle Psychological Services, LLC will reimburse to me the amount received from the managed care company.

Payment

All payments are due at the time services are rendered. Payment can be made by cash, check, credit card (Master Card, Visa, Discover, American Express, HSA), or Zelle pay (i.e. Chase QuickPay and participating banks). Checks can be made payable to *Encircle Psychological Services, LLC*. Please note, there is a $30 fee for all returned checks (plus any bank fees incurred) and a $30 fee for declined credit card charges in addition to the amount owed. Outstanding balances may not exceed the charges for two sessions for the continuation of ongoing services. For any account left unpaid, your account will be sent to collections.

Emergency Services

I understand that Encircle Psychological Services, LLC will not be providing emergency services. I have been informed to call 911 or go to the nearest emergency room in case of an emergency.

Benefits and Risks of Treatment

While I expect benefits from treatment, I fully understand and accept that, because of factors beyond our control, such benefits and desired outcomes cannot be guaranteed. However, I understand that my / my child's efforts in collaboration with Encircle Psychological Services, LLC can help reach desired outcomes.

I understand that the process of therapy can cause painful thoughts and feelings to surface as part of exploring, gaining insight, and creating positive change around difficult experiences. I may also notice negative behaviors from me / my child after sessions, and understand that this may be a result of the issues addressed in treatment which may have brought up negative emotions. Encircle Psychological Services, LLC will work with me / my child to help manage such feelings.

I understand that regular attendance will produce the maximum possible benefits, but that I am / my child is free to discontinue treatment at any time. If I choose to discontinue treatment for myself or my child, I will inform Encircle Psychological Services, LLC verbally or in writing. I also understand that Encircle Psychological Services, LLC may choose to discontinue treatment with me / my child due to goals being met, inconsistent attendance, or otherwise, and will inform me verbally or in writing.

I am not aware of any reasons why I / my child should not proceed with treatment, and I agree to participate fully and voluntarily.

I have had the opportunity to discuss all the aspects of treatment fully, have had my questions answered, and understand the treatment planned. Therefore, I agree to comply with treatment for myself / my child, and authorized Encircle Psychological Services, LLC to administer treatment services to me / my child.

* Please initial and sign the next page, and bring it with you to your first appointment.

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STATEMENT OF UNDERSTANDING
SIGNATURE PAGE

(Please print out this page, initial and sign, and bring with you to your first appointment)

Initial

_____ I have read and agree to **Confidentiality** and its limits.

_____ I have read and agree Encircle Psychological Services, LLC policy on **Confidentiality Related to Internet and Social Media**.

_____ I have read and agree to Encircle Psychological Services, LLC polices regarding **Payment and Insurance** information, including the $100 **fee** for missed appointments and/or cancellations with less than 24 hours notice.

_____ I have read and agree to contact 911 or go to the emergency room if I, or my child, is in need of **Emergency Services**.

_____ I have read and agree to the **Benefits and Risks of Treatment**.

_____ I have received and read the **Privacy Notice**.

Signatures

Name (please print): _____

Child's Name (if applicable): _____

Signature of Patient: _____ Date: ____/____/____
(or Guardian)

Name of Therapist (printed):_____

Signature of Therapist: _____ Date: ____/____/____