



## PRACTICE INFORMATION

**About Our Therapists:** Learn about all our therapists at: <http://www.northshorefamilyservices.com/our-therapists/>

**Contacting Your Therapist:** The quickest, most efficient way to reach your therapist is via email. Our email address is **your therapist's first name@northshorefamilyservices.com**. You may also leave a message on our confidential voice mail at 847-668-4295, but it is best to inform us via email that you have left a message, as we are able to check voice mail less frequently. When children or adolescents are in therapy, frequent parent/therapist contact is essential to success. It is recommended that you send a weekly update about your child or teen via email.

**Confidentiality:** Information about you and your therapy will be kept confidential and will not be released to those outside this practice without your written consent unless required by law. See HIPAA Privacy Notice form. When children or adolescents are seen in therapy, their communications are kept confidential, even from parents, except in cases of potential threat to the child's safety. However, general feedback about the child's experience and needs is provided to parents, and the child or teen is made aware of this.

**Frequency of Appointments:** Successful therapy involves a consistent, regularly scheduled appointment time. Depending on the goals of therapy, weekly sessions (sometimes more frequent sessions) are usually recommended, at least initially. This will be discussed with your therapist.

**Consistency of Appointments:** You and your therapist will work together to determine a mutually convenient weekly appointment time (or times), and your therapist will hold that time for you. Please plan to meet at that time every week, unless other arrangements are made. In the case of child and adolescent clients with extracurricular activities that may frequently conflict with therapy appointments, we will help you determine the best solution, given your child's overall needs. In some cases, we may recommend that therapy appointments be given priority over extracurricular activities, at least temporarily.

Parents often ask whether to bring children or teens to therapy if the child is feeling ill. Our policy is that children/teens should not come if they are running a fever, are clearly in the contagious stage of an illness, or are so ill they cannot talk or play. Otherwise, children should come even if they are feeling somewhat under the weather, have a cold or cough, stayed home from school that day, don't feel like coming, etc.

**Initial Session:** Typically, initial sessions are 60 minutes and involve an assessment session.

**Cancellation Policies:** Although we believe that continuity and consistency of appointments are important for successful therapy, North Shore Family Therapy does realize that there will be times that you or your child will be unable to attend a scheduled therapy session for unavoidable reasons. **In order to avoid charges for scheduled appointments, appointments must be cancelled by 8 AM on the day of the appointment. Please note: Charges for sessions that are not cancelled in advance cannot be billed to insurance companies.** Obviously, the soonest you know that you will need to cancel, the easier it will be to reschedule your appointment or allow another client to utilize the appointment time you are unable to attend. We will have to charge a **full session fee** if you fail to attend a scheduled appointment and/or do not cancel by 8 AM on the day of the appointment, except in the event of an emergency. If appointments are cancelled 3 consecutive sessions, you and your therapist will discuss taking you, your child, or adolescent off the schedule for that day/time. Should you have difficulty making your therapy payments, please discuss the matter with us right away. We make every effort to make appropriate payment arrangements, but if necessary, delinquent accounts are referred for collection and clients or parents/guardians of minor clients are responsible for all additional collection costs and attorney's fees.

**Fees, Billing, and Payment:** North Shore Family Services is an in-network provider for Blue Cross Blue Shield. However, regardless of your insurance status, you are ultimately responsible for the balance of your account for any professional services rendered and any and all charges not paid by medical insurance (even if you refuse to sign this form). We ask for copayment (if applicable) at the time of service for Blue Cross Blue Shield subscribers. For all other subscribers or self-pay, we require full payment at the time of service in the form of cash or check. As a courtesy to you, we will submit your claim for reimbursement to your insurance carrier on a weekly basis. Fees are charged per session and include reasonable time for outside of session communication regarding the client and family situation. Fees are prorated for longer sessions. Your fee will be discussed prior to and during your initial appointment.

**Insurance:** In order to facilitate treatment, your signature on this document indicates your authorization for communication between North Shore Family Services, LLC and your insurance provider (also known as Third Party Payor). This communication may be written or verbal. You may revoke this consent in writing at any time. Information may be released by North Shore Family Services, LLC to your insurance prior to receipt of any processing of a revocation. By signing this consent, you are authorizing payment directly to North Shore Family Services, LLC for mental health service benefits. If your insurance is NOT Blue Cross Blue Shield, we would prefer that you have your reimbursement for services paid directly to you. As stated above, for out of network insurance carriers, we require full payment at the time of service in the form of cash or check.

**Emergencies:** Your therapist does not carry a pager and often cannot be reached immediately by phone. If there is an emergency, please contact your therapist via email. If it is an urgent matter that hasn't been responded to within 2 hours, clients are urged to call 911 or go to their nearest hospital emergency department.

I consent to receiving services with North Shore Family Services, LLC. I agree to be contacted via email, phone, and/or text message (if information is provided to NSFS) and understand/agree to the above:

\_\_\_\_\_  
Signature of Client- age 12+

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date