North Shore Family Services

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 at your therapist's extension, but it is best to inform your therapist 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/Social Media: 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, needs, and goals addressed is provided to parents, and the child or teen is made aware of this. To this end, therapists will not accept "friend" requests on social media as this could compromise your confidentiality.

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 have 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 Sessions: Initial sessions involve an assessment of strengths, needs, and goals.

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 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.** You will receive an appointment reminder via text or email that is automated to say that appointments must be canceled within 24 hours and cannot be canceled via email. Email is indeed the preferred method for cancellation. **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 canceled 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.

Fees, Billing, and Payment: North Shore Family Services is an in-network provider for Blue Cross Blue Shield PPO and some HMOs. 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). Payment is required at the time of service. For insurance for which we are in-network providers, copayment (if applicable) is expected at each session. For all other subscribers or self-pay, we require full payment at the time of service and any reimbursement you are due from your insurance will be sent directly to you. If your payments are not made at least monthly, we will need to discontinue services until balance is paid in full.

Payment may be made with cash, check, or Chase QuickPay. You may also pay using a debit card (at no charge) or a credit card (which will incur a 2.75% convenience fee in addition to the payment owed).

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 processed according to your insurance guidelines. We allow for reasonable time for outside of session communication regarding the client and family situation. Fees may be prorated for longer sessions. 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.

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 we are not an in-network provider for your insurance, your reimbursement for services will be paid directly to you. As stated above, for out of network insurance carriers, we require full payment at the time of service

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 emergency department.

Safe Harbor for Children: The therapeutic goal is to permit the children to have a place that they deem safe to be able to speak to a mental health provider about any apprehensions, concerns, or issues without fear that what they say will be used to interfere with, or create problems in their relationship with either parent. Parent(s) acknowledge the importance of the therapist's office being a safe harbor—a place where the children can be truthfully assured that what they say will not be disclosed to third parties without their consent. Therefore, parent(s) agree as follows:

a. No court/no depositions. Neither parent shall, nor will either parent permit his or her attorney to, subpoena the therapist or her notes to a trial, hearing, deposition, or arbitration.

b. No interrogations. Neither parent shall, nor will either parent permit his or her attorney to, demand answers from either the therapist or the children to questions about the content of the therapy.

c. No disclosure. The therapist agrees that she shall not divulge to either parent, to either attorney, to the Judge, or to any other third party, any matter relating to the content of the therapy with the children (except required disclosures under the Child Abuse Reporting Act, or other safety concerns) without the children's explicit consent.

d. Enforcement. Any party, or his/her attorney, who seeks to interrogate or subpoena the therapist shall be liable for all attorney fees and costs incurred to resist answering discovery requests or to quash a subpoena.

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+	Printed Client's Name	Date
_____		_____
Parent's Signature		Date