SERVICE AGREEMENT / CONSENT FOR TREATMENT

Psychological and Neuropsychological Assessments

The Family Institute at Northwestern University is committed to strengthening families from all walks of life through clinical service, education and research. The Family Institute offers a wide range of high quality behavioral health care through our staff practice and sliding-fee-scale clinic.

Each location's hours are by appointment only. Please be aware that children under 12 years old cannot be left alone in waiting rooms. If your children are not participating in your session, please plan for their care.

TERMS OF AGREEMENT:

I. SERVICES: Services may include, but are not limited to: family, couple, individual and group therapy, as well as psychological testing, school consultation and other diagnostic services as recommended by the clinician. Services may also include the participation of parents/guardians and other significant family members, when appropriate. Family Institute clinicians working with multiple members of the family in different modalities (e.g., individual, couple or family therapy) will, with your consent, consult with each other and share information in order to provide effective and coordinated care. Information provided by those participating in couple or family therapy is shared among members participating in that type of treatment. Within our clinic, treatment length will be evaluated based on progress towards mutually agreed upon goals for therapy.

II. FEES & INSURANCE: **Clients are expected to pay all fees and co-payments at the time of service.**

If clients become delinquent in payment of fees, The Family Institute may suspend or terminate treatment. Unpaid bills are turned over to collection after an appropriate attempt to collect.

Regarding Use of Insurance: Clients are responsible for contacting their insurance companies and understanding their insurance benefits prior to the first session. Not all therapists at The Family Institute are providers for all health insurance plans. Charges for services not covered by insurance, e.g., co-payments, deductibles, uncovered and ineligible services and all charges for services provided over the maximum allowable benefit for the year, are the client's responsibility. We encourage clients to contact member services regarding their benefits prior to the first session so they are aware of what may or may not be covered.

Please be aware that if your mental health benefits are covered through another carrier, such as United Behavioral Health, Magellan, ComPsych or Value Options,

SERVICE AGREEMENT / CONSENT FOR TREATMENT
Psychological and Neuropsychological Assessments

etc., The Family Institute is NOT considered in-network, and BCBS PPO rates do not apply.

For psychological and neuropsychological assessments:

Insurance:

The Family Institute would like all clients to provide credit/debit card information at the time of registration. This information will facilitate the settlement of any balances that may be your responsibility. It may also be used to charge a $330 cancellation fee if you cancel your assessment appointment fewer than 5 business days in advance.

Any co-payment (amount variable by plan) is due at the time service. There may be additional client responsibility such co-insurance, deductible or other non-covered services that will be due once the claim adjudication is complete.

Self-Pay:

The Family Institute would like all clients to provide credit/debit card information at the time of registration. This information will facilitate the settlement of any balances that may be your responsibility. It may also be used to charge a $330 cancellation fee if you cancel your assessment appointment fewer than 5 business days in advance.

Your total fee which is due at the end of the first testing session was discussed with you during your consultation call. Any additional fees will be due at the end of the second testing session.

_____ _____ (Client initials)

Fees for services (non-direct) outside the scope of normal therapy are billable separately at the clinician's regular fee. These may include school visits, court appearances, phone consultations, writing or reviewing letters, reports, etc. These charges are not typically reimbursed by insurance. It's recommended that you discuss with your therapist his/her approach to handling such charges, and the type of non-direct services that are likely to occur during the course of your work together.

_____ _____ (Client initials)

III. APPOINTMENT CANCELLATION POLICY: For neuropsychological assessments, cancellations with fewer than 5 business days' notice and no shows will lead to a cancellation/no show fee of $330.

_____ _____ (Client initials)

SERVICE AGREEMENT / CONSENT FOR TREATMENT

Psychological and Neuropsychological Assessments

IV. CONTACTING CLINICIANS: Clients may leave confidential messages for their clinicians utilizing the Patient Portal or the voice mail system of The Family Institute at any time. The Family Institute does not provide after hours or emergency services. In case of emergencies, please call 9-1-1 or go to the emergency room.

V. QUALITY IMPROVEMENT / RESEARCH: I understand that The Family Institute's mission includes research. I agree that The Family Institute may use my de-identified questionnaire data for quality improvement/quality control and research purposes in accordance with the law. I may be contacted for potential recruitment into a specific research study, at which time I may choose to enroll or decline to participate. No identifiable information will be used without my explicit consent.

VI. COMMUNICATIONS: Periodically, The Family Institute sends news and updates on its various programs and activities. You will receive eNewsletters, helpful Tips of the Month, donor stewardship materials and invitations from The Family Institute. If at any time you wish to stop receiving these communications, please send written communication to the Privacy Officer of The Family Institute, 618 Library Place, Evanston, IL 60201 or click "Unsubscribe" in the footer of any received email.

VII. FOID MENTAL HEALTH REPORTING REQUIREMENT: As per Illinois Firearm Concealed Carry Act, all physicians, clinical psychologists and qualified examiners are required to notify the Department of Human Services (DHS) within 24 hours of determining a person to be a Clear and Present Danger to themselves or others, Developmentally Disabled or Intellectually Disabled, regardless of the provider's practice, the person's age or any other diagnosis of this person.

VIII. MANDATED REPORTING: All clinical service providers at The Family Institute are mandated reporters. This obligates them to comply with the Abused and Neglected Child Report Act that states that any worker "having reasonable cause to believe a child known to them in their professional capacity may be an abused or neglected child shall immediately report or cause a report to be made to the Department." All mandated reporters in the State of Illinois are also required to report suspected or reported "abuse, neglect or financial exploitation" of individuals over the age of 60 years to the Department of Aging.

IX. NOTICY OF PRIVACY PRACTICES: By signing, you acknowledge that you have received the Notice of Privacy Practices of The Family Institute at Northwestern University. This Notice of Privacy Practices provides information about how we

SERVICE AGREEMENT / CONSENT FOR TREATMENT

Psychological and Neuropsychological Assessments

may use and disclose your protected health information. We encourage you to read it in full.

_____ _____ (Client initials)

Client Consent to Terms of Agreement:

I/We, the undersigned, understand this Service Agreement and apply for services at The Family Institute in accordance with this agreement. A signature is required from the parent(s) or guardian(s) who have legal responsibility for medical decisions for children in treatment.

I/We understand that I/we have the right to revoke this consent at any time. This revocation must be in writing to The Family Institute.

Participants in Treatment:

Printed Name	Signature	Email Address

As guarantor, I am accepting financial responsibility for services received at The Family Institute. I am also responsible for notifying The Family Institute Billing Department if my status as guarantor has changed or if financial responsibility for treatment is a shared responsibility. If I do not inform The Family Institute Billing Department, I remain liable for the charges.

Guarantor's Name	Signature	Email Address