



SERVICE AGREEMENT/CONSENT FOR TREATMENT

Welcome to The Family Institute at Northwestern University

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

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

TERMS OF AGREEMENT:

- I. **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. You or your clinician may suggest other kinds of services (non-direct) outside the scope of normal therapy that would be billable separately such as school visits, court appearances, phone consultations, writing or reviewing letters, reports, etc. Recommendations for treatment are first discussed with and approved by the clients. Family Institute clinicians working with multiple members of the family in different modalities (eg. Individual, couple or family therapy) will 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. _____ (**Client's Initials**)
- II. **ELECTRONICALLY MEDIATED PSYCHOTHERAPY:** Because of the nature of email, real-time chat, phone therapy, and video-conferencing the Institute cannot guarantee the privacy of these communications. Therefore clients acknowledge the potential risk to confidentiality inherent in the use of these technologies. Additionally, at this time insurance companies do not provide coverage for these services and clients are expected to pay the clinician's regular fee. Before electronically mediated psychotherapy can be initiated your clinician will conduct an in-person assessment. _____ (**Client's Initials**)
- III. **SUPERVISION & CLINIC CLINICIANS:** Services provided in The Bette D. Harris Family and Child Clinic is rendered by clinicians who are receiving advanced training as psychotherapists who are supervised by at least one senior staff person on a weekly basis. Clients have a right to know the identity and credentials of the supervisor(s) involved with their case. Clinicians in training are typically available for about one to one and one-half years. It is expected that your clinician will set goals with you for the treatment or work on goals that were set in an assessment. At the end of your clinician's training at The Family Institute, he or she will review the status of these goals with you and consider whether further treatment is indicated and if so where it would be best for that to take place. _____ (**Client's Initials**)
- IV. **FEES & INSURANCE:** Clients are expected to pay all fees and co-payments at the time of service. If clients choose to submit bills to insurance, clients are responsible for contacting their insurance companies and understanding their insurance benefits. When possible, charges will be submitted electronically. Charges for services not covered by insurance are the clients' responsibility. If insurance changes during the course of therapy, clients should notify their clinician immediately to ensure continued coverage of services. Not all clinicians at The Family Institute accept all insurance plans. A change in insurance while in therapy may result in claim denials. If client must be reimbursed by insurance, they may be referred to a different therapist at the Family Institute who accepts that insurance. Some BCBS plans may use third party administrators to pre-authorize their mental health benefits. Please contact BCBS prior to your treatment to determine if pre-authorization is required. Please work directly with the billing department to ensure that all authorizations are acquired at the appropriate times in order to maximize your benefits. If services are performed without authorization, all uncovered services or services covered at a lower rate will be the client's responsibility. Some BCBS plans may use third party administrators to administer their mental health benefits. Please contact BCBS at the beginning of your treatment to determine if your mental health benefits are covered by another insurance carrier. Please be aware that if your mental health benefits are covered through another carrier, such as United



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Behavioral Health, Magellan, ComPsych or Value Options, TFI is not considered in network, and PPO rates do not apply. Outsourced coverage cannot be submitted electronically, and you will be expected to pay the full fee at the time of service. No health insurance is accepted in the Bette D. Harris Family and Child Clinic. Clinicians will review their fees with clients as well as insurance coverage at the outset of therapy. If clients become delinquent in payment of fees, The Family Institute may terminate therapy. Unpaid bills are turned over to collection after an appropriate attempt to collect. Your fee will be \$_____ for the initial consultation and \$_____ per 30 - 60 minute session. For non-direct services described in the *Services* section above, clients are billed in 10 min intervals for services longer than 10 min at clinician's regular fee. For psychological and neuropsychological assessments, your fee will be \$_____ due at the first session and \$_____ due at the next session.
_____ (Client's Initials)

V. **APPOINTMENT CANCELLATION POLICY:** Charges apply for appointments canceled (or changed) with less than 24 hours notice. Extenuating circumstances are considered when appropriate. Insurance benefits do not cover cancellation charges.
_____ (Client's Initials)

VI. **CONTACTING CLINICIANS:** Clients may leave confidential messages for their clinicians on the voice mail system of The Institute at any time. In emergencies, clients can have the operator contact their clinician or the on-call clinician by calling (847) 733-4300, ext. 0. _____ (Client's Initials)

VII. **COMMUNICATIONS:** Periodically, The Family Institute sends news and updates on its various programs and activities. By checking this box, you will receive eNewsletters, Tips of the Month, donor stewardship materials and invitations from The Family Institute. I do not wish to receive helpful information from the Family Institute. _____ (Client's Initials)

VIII. **AUDIO AND VIDEO RECORDING:** For the Bette D. Harris Family and Child Clinic, clinicians-in-training routinely record sessions by audio and/or video in order to review their work with supervisors. Staff clinicians may also wish to record sessions. I/We grant permission to The Family Institute to make video and/ or audio tape recordings with me/us and my/our family for *supervision or clinical consultation*. I/We will always be notified when tapes are being made, and I/we may refuse video and/or audio taping of interviews at any time. _____ (Client's Initials) Client does not consent to recording

I/We grant permission to The Family Institute to make video and/ or audio tape recordings with me/us and my/our family for *instruction and teaching*. I/We will always be notified when tapes are being made, and I/we may refuse video and/or audio taping of interviews at any time. _____ (Client's Initials) Client does not consent to recording

IX. **FOID MENTAL HEALTH REPORTING REQUIREMENT:** As per the Illinois Firearm Concealed and 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 the person.
_____ (Client's Initials)

X. **NOTICE 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 may use and disclose your protected health information. We encourage you to read it in full. _____ (Client's Initials)



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at Northwestern University

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, as well as any child 12 years old or older.

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.

As guarantor, I am accepting financial responsibility for services received at The Family Institute. **Date of Form** _____

Guarantor's Name	Signature	Email Address
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Printed Name	Signature	Email Address
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Printed Name	Signature	Email Address
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Family Institute Representative Name	Signature	Date
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THE FAMILY INSTITUTE at Northwestern University
NOTICE OF PRIVACY PRACTICES

We respect our clients' confidentiality and only release information about you in accordance with state and federal laws.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice describes our policies related to the use of the records of your care at The Institute. We are required to give you this Notice about (1) the use and disclosure of your health information, (2) our legal responsibilities, and (3) your rights concerning your health information and to abide by the terms of this notice.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional information, contact our Privacy Officer, 618 Library Place, Evanston, IL 60201, (847) 733-4300 ext. 674.

1. USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

We use and disclose the *minimum necessary health information* about you for your treatment, for payment for your services, and for the Institute's health care operations.

- a. **For Treatment.** We use and disclose your health information internally in the course of your treatment at the Institute. For example, we may give information to another Family Institute health care professional for the purpose of referral within the Institute. If we wish to provide information outside of the Institute for your treatment by another health care provider, we will have you sign an authorization for release of information. Furthermore, an authorization is required for most uses and disclosures of psychotherapy notes.
- b. **For Payment.** We may use and disclose your health information to obtain payment for services we provide to you as delineated in the Service Agreement. For example, we may need to give insurance companies or other agencies the minimum necessary information in order for them to pay us for the service we have provided to you.
- c. **For Health Care Operations.** We may use and disclose your health information within The Family Institute as part of our internal health care operations. For example, this could mean a review of records to assure quality. Or, we may provide information to the student who is your therapist and is authorized to receive training at the Institute and to staff who supervise him or her. We may also use your information to tell you about services, educational activities, and programs that we feel might be of interest to you.
- d. **For Marketing/Sales.** Uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require authorization.

2. INFORMATION DISCLOSED WITHOUT YOUR CONSENT

Under Illinois and federal law, information about you may be disclosed without your consent in the following circumstances.

- a. **Emergencies.** Sufficient information may be shared to address an immediate emergency you are facing.
- b. **Judicial and Administrative Proceedings.** We may disclose your personal health information in the course of a judicial or administrative proceeding in response to a valid court order or other lawful process, including if you were to make a claim for Workers Compensation.
- c. **Public Health Activities.** If we felt you were an immediate danger to yourself or others, we may disclose health information about you to the authorities, as well as alert any other person who may be in danger.
- d. **Child/Elder Abuse.** We may disclose health information about you related to the suspicion of child and/or elder abuse or neglect.
- e. **Criminal Activity or Danger to Others.** We may disclose health information if a crime is committed on our premises or against our personnel, or if we believe there is someone who is in immediate danger.
- f. **National Security, Intelligence Activities, and Protective Services to the President and Others.** We may release health information about you to authorized federal officials as authorized by law in order to protect the President or other national or international figures, or in cases of national security.
- g. **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These activities might include audits or inspections and are necessary for the government to monitor the health care system and assure compliance with civil rights laws. Regulatory and accrediting organizations may review your case record to ensure compliance with their requirements. The minimum necessary information will be provided in these instances.
- h. **Business Associates.** The Institute may disclose the minimum necessary health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, the Institute contracts with a financial audit firm to review the finances of the Institute on a yearly basis. In the process of the audit, they may come in contact with client billing records. All of our business associates sign agreements to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- i. **Research.** Under certain circumstances, the Institute may use and disclose health information for research. Before we do so, the project will go through a special approval process that includes a consent form for clients to sign if they are included in the research study. Even without the special approval, however, the Institute may permit researchers affiliated with the Institute to look at non-identifying information to help them plan research projects.

- j. **Marketing.** The Institute may send you newsletters or information about services we provide in which we feel you might be interested. You may at any time request that your name be removed from our mailing list. We will not disclose any information to a third party for their use in telemarketing, direct mail marketing, or marketing through electronic mail.
- k. **Fundraising Activities.** The Institute may use certain client demographic information—such as your name and address—to contact you about fundraising. The Institute regularly seeks contributions from the general public to support our charitable and educational programs such as free care for children and families in low-income communities, a reduced-fee clinic, student scholarships, and research projects. If you do not wish to be contacted about fundraising, send a written request to the Privacy Officer of The Family Institute, 618 Library Place, Evanston, IL 60201
- l. **Scheduling Appointments.** The Institute may use your phone number to call you and leave messages to schedule or remind you of appointments.

3. **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:**

- a. **Right to Inspect and Copy.** You have the right to look at or get copies of your health information, with limited exceptions. Your request must be in writing. If you request a copy of the information, a reasonable charge may be made for the costs incurred.
- b. **Right to Amend.** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We have the right to deny your request under certain circumstances.
- c. **Right to an Accounting of Disclosures.** You have the right to receive a list of instances in which we have disclosed your health information for a purpose other than treatment, payment, or health care operations. To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer. Such accountings are available for disclosures beginning April 14, 2003, and remain available for six years after the last date of service at the Institute.
- d. **Right to Notification.** You have the right to or will receive notifications of breaches of his or her unsecured PHI.
- e. **Right to Request Restrictions.** You have the right to restrict certain disclosures of Protected Health Information to a health plan when you pay out of pocket in full for the healthcare item or service. While you are in treatment, a written request for the restriction should be made with your therapist. To request a restriction after therapy is completed, you must make your written request to the Privacy Officer of the Institute.
- f. **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you may ask that we contact you only by mail or at work. You must make this request in writing and it must specify the alternative means or location that you would like us to use to provide you information about your health care. We will make every attempt to accommodate reasonable requests.
- g. **Right to Obtain a Paper Copy of this Notice.** You have the right to receive a paper copy of this notice and any amended notice upon request. Copies will be available at the reception desks or lobbies at each Institute site. You may also obtain a copy of this notice at our web site, www.family-institute.org.

Any other uses and disclosures not set out in the information above will be made *only* with your written authorization. You may revoke a written authorization for release of information at any time. The revocation must be in writing and will become effective when it has been received by the Medical Records Department of The Family Institute, and will only be for disclosures not already completed.

We reserve the right to change our privacy practices provided such changes are permitted by applicable law. Before the effective date of a material change, however, we will change this Notice and make a new Notice available to you at the reception desks or lobbies at each Institute site and on our web site. Beginning April 14, 2003, we are required to abide by the terms of Notice.

QUESTIONS AND COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us, or you may file a complaint with the U. S. Department of Health & Human Services. To obtain additional information, or to file a complaint with us, contact the Privacy Officer at (847) 733-4300 ext. 674. **We will not retaliate in any way if you choose to file a complaint.**

This Notice is effective 4-14-03