

Client Acknowledgements

Privacy Policy

I acknowledge having been offered Heritage Counseling Center's Notice of Privacy Policies and Client Rights, according to HIPAA regulations.

Missed or Cancelled Appointments

I understand all future appointments I make with a Heritage Counseling Center Counselor that are missed or cancelled without a 36-hour notice will be charged back to me in full. I agree to pay these charges promptly. Missed appointments are normally not covered by insurance companies.

Telephone Calls

I also understand that phone calls that are longer than 8 minutes will be considered a phone consultation and charged at 15 minute increments. Each 8-15 minute increment is \$25.00. I can assume that phone calls beyond the 8 minutes will automatically be billed to my account. Phone calls are normally not covered by insurance companies. This phone charge is also incurred when calls to outside professionals (i.e. doctors, psychiatrists, schools, etc.) are made on your behalf.

Session Charges

Each session lasts 45 minutes. Your first session will be \$140.00. Each session after is \$110.00. I understand that I am responsible for the whole charge. The only exceptions are those that my insurance company has agreed to pay, in which case I am responsible for any deductibles, coinsurances or co-payments.

Report Writing

I understand that I may request that my therapist write a letter or report on my behalf to authorities such as the court, school systems, doctor's offices, governmental agencies, etc. Reports will be charged at a rate of \$50 for the first page and \$25 for each additional page generated. In the case of pre-made forms, which require responses but not full reports to be generated, the fee of \$50 will be charged, regardless of the length of the form.

Appearances outside of the Office

Situations may occur where it would be beneficial for me to ask my therapist to appear on my behalf outside of the office, for example in court or at my child's school. Such appearances will be charged at the hourly rate of \$110.00, starting at the time your therapist leaves the office until such time as he or she returns. This fee is not subject to insurance or other discounts.

Client/Guardian (Guarantor)

Date

HERITAGE COUNSELING CENTER, INC.
24020 W. Riverwalk Ct. Suite 100
Plainfield IL 60544
815.577.8970

Notice of Privacy Practices And Client Rights

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

We respect client confidentiality and only release confidential information about you in accordance with state and federal law. This notice describes our policies related to the use of the records of your care at Heritage Counseling Center. If you have any questions about this policy or your rights, please contact your therapist.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In order to effectively provide you care, there are times when we will need to share your confidential information with others beyond our counseling center, including:

Treatment. We may use or disclose treatment information about you to provide, coordinate or manage your care or any related services, including sharing information with others outside Heritage Counseling Center that we are consulting with or referring you to.

Payment. If necessary, information may be used to obtain payment for the treatment and services provided. This will include contacting your guarantor or health insurance company for prior approval of planned treatment, insurance verification, or for billing purposes.

Healthcare Operations. We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care, training staff.

Information Disclosed Without Your Consent. Under state and federal law, information about you may be disclosed without your consent in the following circumstances:

Emergencies. Sufficient information may be shared to address the immediate emergency you are facing.

Follow-Up Appointment/Care. We may be contacting you to remind you of future appointments or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We will leave appointment information on your answering machine unless you tell us not to.

As Required by Law. This would include situations where we have a subpoena, court order or are mandated to provide public health information, such as communicable diseases or suspected abuse and/or neglect such as child abuse or elder abuse.

Coroners. We are required to disclose information about the circumstances of your death to a coroner who is investigating it.

Governmental Requirements. We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. There also might be a need to share information with the Food and Drug Administration related to adverse events or product defects. We are also required to share information, if requested, with the Department of Health and Human Services to determine our compliance with federal laws related to health care.

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Criminal Activity or Danger to Others. If a crime is committed on our premises or against our personnel we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe an immediate danger may occur to someone.

To Increase Our Professional Standards. Information about your situation may be discussed with other mental health professionals in order to gain supervision and/or consultation. This will always be done in the most professional and ethical manner.

CLIENT RIGHTS

You have the following rights under state and federal law:

Copy of Record. You are entitled to inspect the client record our counseling center has generated about you. We may charge you a reasonable fee for copying and mailing your record.

Release of Records. You may consent in writing to release of your records to others, for any purpose you choose. This could include your attorney, employer, or other who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization.

Restriction on Record. You may ask us not to use or disclose part of the clinical information. This request must be in writing. Heritage Counseling Center is not required to agree to your request if we believe it is in your best interest to permit use and disclosure of the information.

Contacting You. You may request that we send information to another address or by alternative means. We will honor such request as long as it is reasonable and we are assured it is correct. We have a right to verify that the payment information you are providing is correct. We also will be glad to provide you information by e-mail if you request it. If you wish us to communicate by e-mail, you are also entitled to a paper copy of this privacy notice.

Amending Record. If you believe that something in your record is incorrect or incomplete, you may request we amend it. To do this, contact your therapist. In certain cases, we may deny your request. If we deny your request for an amendment you have a right to file a statement you disagree with us. We will then file our response and your statement and our response will be added to your record.

Accounting for Disclosures. You may request an accounting of any disclosures we have made related to your confidential information, except for information we used for treatment, payment or health care operations purposes or that we shared with you or your family, or information that you gave us specific consent to release. It also excludes information we were required to release. To receive information regarding disclosure made for a specific time period no longer than six years and after April 14, 2003, please submit your request in writing to your therapist. We will notify you of the cost involved in preparing this list.

Questions and Complaints. If you have any questions or wish a copy of this Policy or have any complaints you may address these with your therapist. If you believe your privacy rights have been violated, you may also complain to the Secretary of U.S. Department of Health and Human Services at: Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Avenue, Suite 240, Chicago, IL 60601.

Changes in Policy. Heritage Counseling Center reserves the right to change its Privacy Policy based on the needs of the center and changes in state and federal law.

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