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PSYCHOTHERAPY INFORMATION DISCLOSURE STATEMENT/INFORMED CONSENT

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know. This is your therapy, where the goal is your well-being. There are also certain limitations to those rights that you should be aware of. As a therapist, I also have responsibilities to you.

My responsibilities to you as your therapist:

I. Confidentiality

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me. I will not acknowledge that you are in therapy with me without your prior written permission. I will always act in a way to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you choose and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you.

I may consult with various experts in specific fields of mental health so that I can better serve my clients. I may also participate in regular group consultation. During professional consultations, I will not use your name or any information that can identify you. If there is any reason to believe you might know one of these professionals, I will tell you their name so you have the option to request that I do not consult with them regarding your care.

The following are legal exceptions to your right to confidentiality. I would inform you of anytime when I think I will have to put these into effect.

1. If I have reason to believe that you will harm another person I must attempt to inform that person and warn them of your intentions. I must also contact the police and asked them to protect your intended victim.
2. If I have a reason to believe that you are abusing or neglecting a child or vulnerable adult, or you give me information about someone else who is doing this, I must inform DCFS and/or adult protective services immediately.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call emergency services. We will do our best to explore other options with you before this step is taken. If, any point you were unwilling to take steps to guarantee your own safety, I will notify emergency services.
4. If you tell me of the behavior of another named health or mental health care provider that informs me that this person has either; a. engaged in sexual contact with the patient, including

yourself and/or; b. Is impaired from practice in some manner by cognitive, emotional, behavioral, or health problems, then the law requires me to report this to the licensing board at the Illinois Division of Professional Regulation. I would inform you before taking this step. If you are my client and also a healthcare provider, however, your confidentiality remains protected under the law from this kind of reporting.

5. I may use and disclose your health information in order to bill and collect payment for the services and items you may receive from me. For example, I may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and I may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. I also may use and disclose your health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, I may use your health information to bill you directly for services and items. Usually shared information includes, the type of service(s) provided as well as a diagnosis from the DSM-5.
6. Please keep in mind that although every safeguard possible is in place when using electronic communication such as email, computer, cell phone, or fax, I cannot guarantee there will be no interception. Nor can I protect your name when depositing your check at my bank if you choose to pay by check. As well, I file most insurance claims electronically, sharing your protected health information when required.
7. If you are filing a complaint or are a plaintiff in a lawsuit where you bring up the question of your mental health, you will have already automatically waived your right to the confidentiality of these records in the context of the complaint or lawsuit. In spite of that, I will not release information without your signed consent or a court order. We can also discuss obtaining a protective order to help maintain confidentiality of records. Please let me know if you are in this kind of situation so that I can take the utmost care possible to protect your privacy in my records.

The next is not a legal exception to your confidentiality. However, it is a policy that you should be aware of, if you are in couple's therapy with me.

If you and your partner decide to have some individual sessions as a part of couple's therapy, what is said during those individual sessions may be considered to be a part of the couple's therapy and can and probably will be discussed in our joint sessions. Do not tell me anything you wish kept secret from your partner. I will remind you of this policy before beginning such individual sessions.

II. Record keeping.

I keep written records, noting the time and date of sessions and contact, interventions, topics discussed and your reactions to those topics and interventions. You have the right to a copy of your records at any time. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other healthcare provider at your written request. I maintain your records securely in an electronic health record format and they cannot be accessed by anyone else.

III. Diagnosis

If a third-party such as an insurance company is paying for part of your treatment, I am required to give a diagnosis to that third-party in order to be paid. Diagnoses are technical terms that describe the nature and symptoms related to your problems and something about whether they are short term or long-term issues. If I do not use a diagnosis, I will discuss it with you. All of the diagnosis come from the DSM-5. I have a copy in my office and we be glad to share it with you so that you may be more informed about the nature of your diagnosis.

IV. Other rights

You have the right to ask questions about anything that happens in therapy. I am always willing to discuss how and why I decided to do what I'm doing and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training as it relates to your treatment and our work together. You may always request that I refer you to someone else if you decide that I am not the right therapist for you. You are free to leave therapy at any time.

V. Managed mental health care/health plan insurance

If your therapy is being paid for, in full or in part by a managed-care or insurance company, there are usually further limitations to your rights as a client imposed by the contract with the managed-care or insurance company. These may include their decision to limit the number of sessions available to you or to decide the time within which you must complete your therapy with me. They may also decide that you must see a therapist in their network rather than me, if I am not a part of their network. Managed care organizations and insurance companies may also require some sort of detailed reports about your progress in therapy and on occasion, copies of your case file. I do not have control over any aspect of their rules. However, I will do all that I can to maximize the benefits you receive by filling out the necessary forms in gaining required authorizations for treatment and assist you in advocating with the managed-care or insurance company as needed.

VI. My training and approach therapy

I have a doctorate (PsyD) in clinical psychology from Adler University, located in Chicago, Illinois. I am licensed for independent practice in the State of Illinois as a Licensed Clinical Professional Counselor (LCPC).

My approach to psychotherapy is rooted in cognitive behavioral therapy and is intended to be solution-focused. My intent is to utilize strengths that you have developed over time and apply them to issues and problems that you may be currently experiencing. We will explore the interaction of your thoughts, behaviors and emotions in a way that is safe and hopefully effective in resolving issues that brought you to therapy. Therapy is geared toward encouraging you to achieve your own self-established goals and objectives.

Therapy also has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for long periods of time maybe painful. Making changes in your beliefs or behaviors can be scary and sometimes disruptive to the relationships you are ready have. You may find your relationship with me to be the source of strong feelings, some of them painful at times. It is important that you consider carefully whether these risks are with the benefits to you of changing. Most people who take these risks find a therapy is helpful.

You normally will be the one who decides when therapy will end. There are three exceptions. If we have contracted for specific short-term piece of work, we will finish therapy at the end of that contract. If I am not, in my judgment able to help you, because of the kind of problem you have or because of my training and skills are in my judgment not appropriate, I will inform you and refer you to another therapist who may be better able to meet your needs. If you do violence to, threaten, verbally or physically, or harass myself, the office, or any other patients, staff in my office or my family, I reserve the right to terminate your treatment immediately. If therapy is ended/terminated, I will offer you referrals to other sources of care but cannot guarantee that they will accept you for therapy.

I am away from the office several times during the year for extended periods of time. If I am not taking and responding to phone messages during those times I will have another therapist cover my practice. I will tell you in advance of any anticipated absences and give you contact information of the therapist that will be covering my practice during my absence. I am available for brief contact between session phone calls job during normal business hours. If you believe that you cannot keep yourself safe please call 911 call go to the nearest hospital emergency room for assistance.

VII. Your responsibilities as a therapy client

You are responsible for coming to your session at the scheduled time. If you are late, we will end on-time and not run over into the next person's session. If you miss a session without canceling or canceled with less than 24 hours' notice, you must pay for that session at our next meeting. My fee is \$140 for a missed session without notice listed above. I cannot bill those sessions to your insurance. Exceptions to this can be discussed and evaluated. If you no-show for two sessions in a row, without notification and do not respond to my attempts to reschedule, I will assume that you have decided to terminate therapy and will make the space available to another individual

You are responsible for paying for your session weekly unless you have made other arrangements in advance. My fee is \$140 per session. If we decide to meet for a longer session I will bill at a prorated hourly fee. Emergency phone calls of less than 10 minutes are normally free. However, if we spend more than 10 minutes in a week on the phone, if you leave more than 10 minutes worth of phone messages in a week, or if I spend more than 10 minutes reading and responding to your emails or texts from you during any given week I will bill you want to prorated basis for the time. You will be informed at least a month in advance of any changes to the fee-schedule.

If you have insurance you are responsible for providing me with the information needed to send in your claim/bill. You must pay me your deductible at the beginning of each calendar year if it applies and any copayment at each session. You must arrange for any pre-authorizations necessary. I will bill directly to Blue Cross Blue Shield PPO via electronic means. You must provide me with your complete insurance identification information and the complete address of the insurance company. If the check is mailed to you to cover your balance due, you are responsible for paying me the amount at the time of your next appointment. I am a preferred provider with Blue Cross Blue Shield PPO.

Clients are expected to pay their portion of the bill at each session. I cannot except barter for therapy. I take all major debit and credit cards. Any overdue bills of 30 days or more will be charged a 1.5% per month interest rate. If you eventually refuse to pay your bill, I reserve the right to give your name and the amount due to a collection agency.

VIII. Complaints

If you all are unhappy with what's happening in therapy, I hope that you will talk about it with me so that I can respond to your concerns. I will take such criticism seriously and with care and respect. If you believe that I am unwilling to listen and respond or that I have behaved unethically you can complain about my behavior to the Illinois Division of Professional Regulation at 312-814-6910 or <https://www.idfpr.com/admin/DPR/DPRcomplaint.asp> You are also free to discuss your complaint about me with anyone you wish and do not have responsibility to maintain confidentiality in regard to our sessions/contact with each other.

Client consent to psychotherapy

I have read the statement, had sufficient time to be sure that I considered it carefully, ask any questions that I needed to and understand it. I understand the limits of confidentiality required by law. I consent to the use of a diagnosis and billing and to release information and other information necessary to complete the billing process. I agreed to pay a fee of \$140 per session and/or the fees related to my insurance plan, including deductibles, co-pays and/or coinsurance fees. I understand my rights and responsibilities a client and my therapist's responsibilities to me. I agreed to undertake therapy with Mathew McFadden, PsyD. I know I can and therapy at any time I wish and that I can refuse any requests or suggestions made by Mathew McFadden, PsyD, LCPC.

Print Client's Name: _____

Client Signature _____ Date _____

Parent/Guardian Signature (If applicable): _____

Mathew McFadden, PsyD _____ Date _____