



## Leslie Pruyn, LCPC

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### CLIENT INFORMATION

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting.

#### PSYCHOLOGICAL SERVICES

It is my intention to provide services that will help you reach your goals. Based upon the information that you provide and the specifics of your situation, I will provide recommendations to you regarding your treatment. We are partners in the therapeutic process, and you have the right to choose whether or not to follow recommendations. Your feedback regarding your progress is strongly encouraged. Due to the varying nature and severity of problems and the individuality of each client, I am unable to accurately predict the length of your therapy or guarantee a specific outcome. It is my practice to do my best to help you get to your desired outcome, and if I do not think my techniques are effective with you, I am happy to help you find another therapist whose style may be more suitable.

#### MEETINGS

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. Often psychotherapy consists of one 55-minute session weekly at a time we agree on, although some sessions may be longer or more frequent. As you progress, we may meet less frequently. It is our aim to build your confidence and your natural support system to a point where you will no longer need therapy sessions to feel your best.

#### CANCELLATIONS

Once an appointment is scheduled, that hour is reserved for you. If you need to cancel or reschedule the appointment, I ask that you provide 2 days advance notice. If you miss an appointment without cancelling, or without adequate notice, you may be required to pay for the session, unless we both agree that you were unable to attend due to circumstances beyond your control.

**PROFESSIONAL FEES**

My hourly fee is \$100 for individual or marital therapy. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

**BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. If your account becomes overdue or if your financial circumstances suddenly or unpredictably change so that you are not able to continue to afford treatment, I will provide referrals to agencies that may be able to offer a sliding fee scale.

**INSURANCE REIMBURSEMENT**

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you are responsible for full payment of my fees.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

Managed Health Care often requires authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end.



You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it.

It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above, unless prohibited by my contract with your insurance company.

### **CONTACTING ME**

I keep my cell phone on between 9 AM and 6 PM Monday through Saturday. I probably will not answer the phone when I am with a client. When I am unavailable, my telephone is answered by confidential voice mail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of Sundays and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, my voice mail answering message will include crisis phone numbers for DuPage and Kane Counties.

E-mail and texting communication is useful for scheduling and communicating simple matters; they are not to be used to take the place of therapy sessions. E-mail and texting should never be used to communicate suicidal or homicidal thoughts or plans, urgent or rapidly worsening symptoms. Always recognize the availability of immediate help by calling 9-1-1 or proceeding to the nearest hospital emergency room.

### **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Although I may take notes during sessions, they do not always become part of your treatment record.



Your treatment record is confidential except with respect to the limits discussed in the confidentiality section below. Should you wish to have your records released, you are required to sign a release of information which specifies which information is to be released and to whom. Records will be kept for a minimum of 3 years but may be kept for longer. Records will be kept either electronically on a USB flash drive or in a paper file and stored in a locked cabinet in a locked records storage facility.

## **MINORS**

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

## **CONFIDENTIALITY**

In general, the privacy of all communications between a patient and a therapist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I am required to file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

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These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality can be complex.

#### **CONFIDENTIALITY AND TECHNOLOGY**

Some clients may choose to use technology in their counseling process. This includes but it not limited to online counseling via Skype, telephone, email, text or chat. I use email occasionally to schedule or send updates about services my practice offers. Due to the nature of online communication, there is always the possibility that unauthorized persons may attempt to discover your personal information. I will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur

#### **LITIGATION LIMITATION**

Due to the personal and confidential nature of the therapeutic process, I decline involvement in legal proceedings (such as divorce and custody disputes, injuries, lawsuits). I would prefer not to be called on to testify in court or any other proceeding. I prefer not to disclose records and will try to respond to any subpoena with an offer to substitute the record with a summarized report.

