



OHARA THERAPY OF CHICAGO
DR. ALISON O'HARA, PSYD

Informed Consent, Practice Policy, and Procedure

This document provides important information about the services provided by OHara Therapy of Chicago, LLC (Dr. Alison O'Hara). Please read what follows carefully and sign below. You may request a copy of this information by emailing Dr. O'Hara at DrA@OHaraTherapy.onmicrosoft.com

SERVICES PROVIDED : Dr. O'Hara provides primary psychological care, which includes diagnosis, evaluation, treatment, and prevention of psychological, emotional, and psychiatric disorders to individuals, couples, and groups.

PROCESS OF THERAPY: The practice of psychotherapy is based on psychological theory and empirical research, and involves collaboration between you and your therapist for the purpose of addressing personal, relational, or mental health concerns. Your therapist will provide a space for confidential disclosure, support, diagnostic information, and other forms of feedback, as well as ideas for possible alleviation of your concerns, suggestions for reading/education, and referrals to other professionals as needed.

CONFIDENTIALITY: What you disclose in your sessions is rigorously kept confidential, and this confidentiality is protected by law. With few and rare exceptions this assurance is guaranteed, and is the cornerstone of trust between you and your therapist. Exceptions include the following circumstances: diagnosis and dates of service shared with billing professionals and insurance companies for the purpose of collecting payment; legally mandated reporting of abuse of children, elderly, or disabled persons; imminent suicidal/homicidal threats; information released as outlined in Health Insurance Portability and Accountability Act of 1996 (HIPAA); and information necessary for consultation. Dr. O'Hara abides by the stipulations regarding confidentiality as contained in the Illinois Confidentiality Act and the Mental Health Code, as well as by the American Psychological Association. At times you may give Dr. O'Hara permission to disclose confidential information. Such permission would be given in writing and specify precisely the conditions of the disclosure. You may withdraw permission at any time for any reason; such withdrawal must be made to Dr. O'Hara in writing. More information about privacy, confidentiality, and limits to confidentiality can be found in the Notice of Privacy Practices. _____ (please initial to acknowledge having received Notice of Privacy Practices)

MEETINGS: Dr. O'Hara will conduct an intake assessment during your first 1-2 visits. Recurring psychotherapy appointments typically last 50-55 minutes. Please arrive on time for your appointments. If you arrive late, your appointment will end at the originally scheduled time.

PROFESSIONAL FEES: Initial assessments are \$195 and ongoing therapy sessions are \$175 unless otherwise negotiated with Dr. O'Hara. Cancelled appointments without 24 hours' notice, or failure to arrive for your scheduled appointment will result in a cancellation fee of \$75, which will be charged to the card on file immediately. (please initial) _____

MISSED APPOINTMENTS: If you cannot attend your scheduled appointment or expect to be significantly [more than 10 minutes] late, please notify Dr. O'Hara at least 24 hours prior to your appointment time. Failure to attend your appointment without an effort to notify Dr. O'Hara at least 24 hours in advance will result in a cancellation fee (see above).

BILLING AND PAYMENTS: Payment is due at the time of service, unless otherwise negotiated with your

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provider. This practice requests a credit card to hold on file for general billing purposes, and reserves the right to charge your credit card without notice if payment is not received within 30 days of initial invoice or within 90 days of the date of service. For questions regarding billing, you can contact Dr. O'Hara.

INSURANCE REIMBURSEMENT: Dr. O'Hara is currently paneled with Blue Cross Blue Shield. If you plan to use insurance, please read and understand your policy benefits for mental health coverage prior to your first session. It is your responsibility to understand your policy. If Dr. O'Hara is not a participating provider with your insurance company, you have the option to utilize your out-of-network benefits and it is your responsibility to find out the procedure for obtaining reimbursement.

CONTACTING YOUR CLINICIAN: Dr. O'Hara will make every effort to return voicemails and emails within one (24 hours) business day. If you need to reach a mental health care professional immediately, dial 911 or go to your nearest emergency location.

PROFESSIONAL RECORDS: The laws and standards of mental health professions require that this practice maintain treatment records. You are entitled to receive a copy of your records or a summary can be prepared for you. Clients may be charged an appropriate fee for any professional time spent in responding to information requests.

VOLUNTARY CONSENT

Please read the following statement and sign below: I acknowledge that I have, read, understand, and agree to the terms as outlined in the "Informed Consent, Practice Policy, and Procedure" document. I do hereby consent to take part in mental health services. I understand that no promises have been made to me as to the results of these services or of any procedures provided by this mental health professional, and that I may withdraw my consent at any time. My signature below means that I have freely agreed to participate as a client at this time.

Signature of Client _____ Date _____

Signature of Clinician _____ Date _____