

Tracy L. McCafferty, MSW, LCSW
Licensed Clinical Social Worker

INFORMATION, AUTHORIZATION & CONSENT FOR TREATMENT

Tracy L. McCafferty, MSW, LCSW
1955 Raymond Drive, Suite 108
Northbrook, IL 60062.

This form provides you (client) with information that is additional to that detailed in the Notice of Privacy Practices and is subject to HIPPA Pre-emptive analysis. (Revised 1/05)

Welcome! I am very pleased that you selected Tracy McCafferty, as your therapist, and I am sincerely looking forward to working with you. This document is designed to inform you about what you can expect from me, as your therapist, regarding confidentiality, emergencies, and several other details regarding your treatment with me. Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with me is a collaborative one, and I welcome questions, comments, or suggestions regarding your course of therapy at any time. In order for therapy to be most successful, it is important for you to take an active role. This means working on the things we talk about both during and between sessions. The more of yourself you are willing to invest, the greater the return.

CONFIDENTIALITY & RECORDS

Your communications with me as your therapist will become part of a clinical record of treatment, and is referred to as Protected Health Information (PHI). The hard copies (paper forms) of your PHI will be kept in a file stored in a locked cabinet in a locked office. It is filed under your first name and last initial to protect your confidentiality to the fullest extent. Additionally, I use Simple Practice, LLC as my practice management software for scheduling, case management and therapy notes. Simple Practice, LLC, uses a HIPPA compliant software so your information will be securely kept. I will always keep everything you say completely confidential, with the following exceptions: (1) You direct me to tell someone else and you sign a "Release of Information" form; (2) I determine that you are a danger to yourself or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4) I am ordered by a judge to disclose information. In the latter case, my license does provide me with the ability to uphold what is legally termed "privileged communication." Privileged communication is your right as a client to have a confidential relationship with a counselor. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. I cannot guarantee that the appeal will be sustained, but we will do everything in our power to keep what you say confidential. If I am requested to testify on your behalf in a court case my fee is 800.00 an hour including travel time to and from the court venue.

PLEASE NOTE THAT IN COUPLE'S COUNSELING, I DO NOT AGREE TO KEEP SECRETS. INFORMATION REVEALED IN ANY CONTEXT MAY BE DISCUSSED WITH EITHER PARTNER.

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STRUCTURE AND COST OF SESSIONS

As your therapist, I agree to provide Individual Psychotherapy for the fee of \$150 per 60 minute session. I agree to provide Couples Counseling for the fee of \$175 per 60 minute session. Telephone calls that exceed 5 minutes in duration will be billed in 15 minute increments, at \$30 per 15 minutes. This is not processed by insurance and will be owed from the client to the therapist. Co-pays and fees will be due at the conclusion of the session. Acceptable methods of payment include cash, check. I will provide you with a receipt of payment if requested. Please note that there is a \$25 fee for any returned checks.

HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS

I DO ACCEPT ASSIGNMENT FOR AETNA, BLUE CROSS BLUE SHIELD PPO, BLUE CHOICE AND APS. YOU WILL NEED TO CONTACT YOUR INSURANCE COMPANY TO DETERMINE COMPLETE BREAKDOWN OF COVERAGE. I AM ALSO AN OUT OF NETWORK PROVIDER FOR MOST INSURANCE COMPANIES. IN THIS CASE I WILL PROVIDE YOU WITH AN INVOICE FOR YOU TO SUBMIT TO YOUR INSURANCE PROVIDER FOR POSSIBLE REIMBURSEMENT FOR OUT OF NETWORK COUNSELING SERVICES. PLEASE CHECK WITH YOUR INDIVIDUAL INSURANCE COMPANIES. IF YOUR INSURANCE COMPANY REQUIRES PREAUTHORIZATION TO RECEIVE SERVICES, THIS IS YOUR RESPONSIBILITY AND NEEDS TO BE HANDLED PRIOR TO YOUR FIRST VISIT.

Confidentiality of records: The therapist has no control or knowledge over what insurance companies do with the information submitted or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality. Filing a claim with an insurance company means that you will be given a mental health diagnosis and this diagnosis will become a part of your permanent medical record. Having a mental health diagnosis on your record may carry long-term implications and may hinder you from being able to obtain life insurance or disability insurance. Additionally, filing an insurance claim means your diagnosis, dates of service, etc., are no longer totally confidential, and your insurance company will be aware of your treatment and diagnosis. I am not responsible for any problems with your insurance, and it is your sole responsibility to deal with your insurance company.

CANCELLATION POLICY; By signing this document, you agree that when setting an appointment with me, you are entering into a contract for professional time and services. By entering this contract you are specifically contracting for services to prepare for your session in advance. Please recognize that professional services are not only provided during your appointment time but also during the 48 hours prior to and following your appointment time. These services involve preparation for the scheduled session, case review, case notes. In the event that you are unable to keep an appointment you must notify me at least 24 hours in advance to be released from your contracted session. IF YOU FAIL TO CANCEL YOUR

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APPOINTMENT WITHIN THE 24 HOUR MINIMUM TIME PERIOD PRIOR TO YOUR SESSION YOU WILL BE CHARGED THE FULL CONTRACTED FEE FOR THE MISSED SESSION. \$150 FOR AN INDIVIDUAL SESSION AND \$175 FOR A COUPLE'S SESSION. PLEASE NOTE THAT INSURANCE COMPANIES DO NOT REIMBURSE FOR MISSED SESSIONS.

APPOINTMENT REMINDERS

You can choose to receive automated appointment reminders via text and/ or email 48- hours prior to your scheduled appointment time. This is a service provided by Simple Practice, Tracy McCafferty's practice management system, and is not provided by my work email/phone. I would encourage you not to rely solely on these automated reminders as all technology can be fickle. Cancelling your appointment within the 24- hour window remains your responsibility. Standard text fees may apply. Please let me know if you would like to have text and /or email reminders activated in your account.

TELEPHONE & EMERGENCY PROCEDURES:

Tracy McCafferty's practice is considered an outpatient facility and is set up to accommodate individuals who are reasonably safe and resourceful. I do not have after-hours phone service nor am I available at all times. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. Generally, I will return phone calls and emails within 24-48 hours during the business week. If you have a mental health emergency, I encourage you not to wait for a call back, but to call 911 or go to your nearest emergency room.

PROFESSIONAL RELATIONSHIP

Psychotherapy is a professional service I will provide to you, Because of the nature of therapy, our relationship has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. If you and I were to interact in any other ways, you would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore unethical in the mental health profession. Dual relationships can set up conflicts between the therapist's interests and the client's interests, and then the client's (your) interests might not be put first. In order to offer my clients the best care, my judgment needs to be unselfish and purely focused on your needs. This is why our relationship must remain professional in nature.

Additionally, there are important differences between therapy and friendship. You should know that therapists are required to keep the identity of their clients

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confidential. As much as I would like to, for your confidentiality I will not address you in public unless you speak to me first. I also must decline any invitation to attend gatherings with family or friends. Lastly, when your therapy is completed, I will not be able to be a friend. In sum, it is my duty to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long term protection.

STATEMENT REGARDING ETHICS, CLIENT WELFARE & SAFETY

Tracy McCafferty assures you that my services will be rendered in a professional manner consistent with ethical standards of the National Association of Social Workers. If at any time you feel that I am not performing in an ethical or professional manner, I ask that you please let me know immediately. Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, with your participation, I will work to achieve the best possible results for you. Please also be aware the changes made in therapy may affect other people in you life. For example, an increase in your assertiveness may not always be welcomed by others. It is my intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility nonetheless. Additionally, at times people find that they feel somewhat worse when they first start therapy before they begin to feel better. This may occur as you begin discussing certain sensitive areas of your life. However, a topic usually isn't sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once we are able to target your specific treatment needs and the particular modalities that work best for you, help is generally on the way.

TECHNOLOGY STATEMENT

In our ever-changing technological society, there are several ways we could potentially communicate and /or follow each other electronically. It is of utmost importance to us that I maintain your confidentiality, respect your boundaries, and ascertain that our relationship remains therapeutic and professional. Therefore, I have developed the following policies:

CELL PHONE & TEXTS:

It is important for you to know that cell phones may not be completely secure and confidential. However, I realize that most people have and utilize a cell phone. I will be using a cell phone to contact you. If this is a problem, please feel free to discuss this with me. PLEASE NOTE that if you will be using a text message it should be limited to scheduling, please do not communicate any clinical information via text. By contacting

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me by text you do so knowing that it is not completely secure or confidential. I would prefer email over text for any scheduling or scheduling changes as this is more secure.

EMAIL:

Emailing is not a secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to email because it is a quick way to convey information. **HOWEVER, PLEASE KNOW THAT IT IS MY POLICY TO UTILIZE THIS MEANS OF COMMUNICATION STRICTLY FOR BRIEF TOPICS SUCH AS APPONTMENT CONFIRMATIONS. I DO HAVE A HIPPA COMPLIANT EMAIL ON MY WEBSITE.**

SOCIAL MEDIA POLICY: It is my policy not to accept requests from any current or former client on social networking sites such as Facebook, Linked in, Instagram, Pinterest, etc. because it may compromise your confidentiality. Tracy McCafferty has a business account page for Facebook, and you are welcome to follow me on any of these pages. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to Tracy McCafferty, MSW, LCSW.

BLOG:

Tracy McCafferty has an active blog, If you have an interest in following this, please let me know so that we may discuss any potential implications to our therapeutic relationship. Once again, maintaining your confidentiality is a priority. I would recommend using an RSS feed which would eliminate you having a public link to the content.

I am sincerely looking forward to facilitating you on your journey toward growth and a happier more meaningful life. If you have any questions about any part of this document, please feel free to ask me.

Please print, date and sign your name below indicating that you have read and understand the contents of this form, acknowledge receipt of the Health Insurance Portability and Privacy Act (HIPPA) Notice of Privacy Practices, and you agree to the policies of your relationship with your therapist, and you are authorizing Tracy McCafferty to begin treatment with you. Additionally, you agree to accept any financial responsibility for payment of charges incurred. You agree that in the event of non-payment, you will bear the cost of collection and/or court costs and reasonable legal fees should this be required.

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Clients Name (Please Print)

DATE

Client Signature

I AUTHORIZE TRACY MCCAFFERTY TO SUBMIT CLAIMS TO MY HEALTH INSURANCE ON MY BEHALF.

SIGNATURE (IF APPLIES)

DATE

The signature of the Therapist below indicates that she has discussed this form with you and has answered any questions you have regarding this information

Therapist's Signature

DATE